



**Authority to contact and request for referral to the
Victorian Bar Duty Barristers' Scheme**

Name of person requesting referral to the Scheme	
Residential address	
Telephone number	
Email address	

I request the registry of the Victorian Court of Appeal (**the Court**) to submit this request for assistance to the Victorian Bar Duty Barristers' Scheme (**the Scheme**). A schedule of details of proceedings and assistance requested is attached.

I authorise the registry to provide my name, contact details, the nature of my proceeding before the Court, any documents filed in the Court and any other information necessary to facilitate the referral, to the Scheme.

I understand that the Scheme is a pro bono legal assistance scheme operated by the Victorian Bar, and confirm that I have exhausted all other avenues to obtain legal advice and representation for this matter. **I confirm that my financial position is such that I am unable to afford to retain a private solicitor and/or barrister to assist me.**

I understand that the Scheme and any barrister who agrees to assist me operates independently of the Court and that the Court does not accept any responsibility for the operation of the Scheme or the barrister, including as to:

1. whether a referral results in the provision of legal assistance or representation;

2. the scope of any legal assistance or representation (for example, the scope may be more confined than requested and may not involve ongoing assistance or representation); and
3. the quality of any legal assistance or representation.

Signed by person requesting referral to the Scheme	
Name of person requesting referral to the Scheme (please print)	
Date	

Signed by witness	
Name of witness (please print)	
Position of witness (please print)	
Date	

SCHEDULE OF DETAILS OF PROCEEDINGS AND ASSISTANCE REQUESTED

PART A – DECISION APPEALED FROM	
Case name and number	
Court / tribunal	
Judicial officer	
Date of decision	

PART B – COURT OF APPEAL PROCEEDING	
Court of Appeal case name and number	S APCI
Hearing date (if known)	
Assistance requested (please select)	<p><u>Application for leave to appeal</u></p> <p><input type="checkbox"/> Advice on grounds of appeal / appeal prospects</p> <p><input type="checkbox"/> Advice on procedure</p> <p><input type="checkbox"/> Drafting application for leave to appeal / grounds of appeal</p> <p><input type="checkbox"/> Drafting written case / list of authorities</p> <p><input type="checkbox"/> Drafting summary for the Court of Appeal / application book index</p> <p><input type="checkbox"/> Representation at hearing</p> <p><u>Application other than for leave to appeal</u></p> <p>Specify what the application is for, eg. extension of time, stay, security for costs:</p> <hr/> <p><input type="checkbox"/> Advice on application / application prospects</p> <p><input type="checkbox"/> Advice on procedure</p> <p><input type="checkbox"/> Drafting application other than for leave to appeal or notice in opposition and documents in support</p> <p><input type="checkbox"/> Representation at hearing</p>