**Authority to contact and request for referral to the**

**Victorian Bar Duty Barristers’ Scheme**

|  |  |
| --- | --- |
| **Name of person requesting referral to the Scheme** | Click or tap here to enter text. |
| **Residential address** | Click or tap here to enter text. |
| **Telephone number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

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** | Click or tap here to enter text. |
| **Court / tribunal** | Click or tap here to enter text. |
| **Judicial officer** | Click or tap here to enter text. |
| **Date of decision** | Click or tap here to enter text. |

|  |
| --- |
| **PART B – COURT OF APPEAL PROCEEDING** |
| **Court of Appeal case name and number** | Click or tap here to enter text. S APCI Click or tap here to enter text. |
| **Hearing date (if known)** | Click or tap here to enter text. |
| **Assistance requested****(please select)** | **Application for leave to appeal**[ ]  Advice on grounds of appeal / appeal prospects[ ]  Advice on procedure[ ]  Drafting application for leave to appeal / grounds of appeal[ ]  Drafting written case / list of authorities[ ]  Drafting summary for the Court of Appeal / application book index[ ]  Representation at hearing**Application other than for leave to appeal**Specify what the application is for, eg. extension of time, stay, security for costs: Click or tap here to enter text.[ ]  Advice on application / application prospects[ ]  Advice on procedure[ ]  Drafting application other than for leave to appeal or notice in opposition and documents in support[ ]  Representation at hearing |