**COURT REGISTRY – SOUTH AUSTRALIA**

**MAGISTRATES, YOUTH, DISTRICT AND SUPREME COURTS**

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| SUBJECT: | Courts Legal Aid Enquiry |
| DATE: | Click or tap to enter a date. |
| TO: | The Director  Legal Services Commission of South Australia  159 Gawler Place  Adelaide SA 5000 |
| EMAIL:  PHONE: | [grants@lsc.sa.gov.au](mailto:grants@lsc.sa.gov.au)  8111 5550 |
| COURT: | Click or tap here to enter text.Registry: Click or tap here to enter text. |
| TELEPHONE: | Click or tap here to enter text. |
| EMAIL: | Click or tap here to enter text. |
| FAX NO: | Click or tap here to enter text. |
| Number of Pages | 2 |

Page 1 to be completed by the Court Registry and to be submitted by Email to the above address

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| Court File No: Click or tap here to enter text.  Name of Client: Click or tap here to enter text. D.O.B: Click or tap to enter a date.  Address: Click or tap here to enter text.  Charges/Details: Click or tap here to enter text. |

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| The Court requires the following information pursuant to section 31A(3)(d) of the *Legal Services Commission Act* 1977 for the next hearing on Click or tap to enter a date.  Why is this information sought?  Click or tap here to enter text. |

Page 2 to be completed by the Legal Services Commission of SA and returned by Email or Facsimile with Page 1.

1. **Has the Legal Services Commission received an application from the client for legal assistance?**

**Yes  or No**

**2. If an application has been received, has a decision been made on it?**

**Yes  or No**

**If Yes** Legal assistance was granted on: Click or tap to enter a date.

Client was notified of grant by letter dated: Click or tap to enter a date.

Solicitor notified of grant by letter dated: Click or tap to enter a date.

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| Other information relevant to the Client’s application  Click or tap here to enter text. |

Name: Click or tap here to enter text. Signature:

Telephone: Click or tap here to enter text. Date: Click or tap here to enter text.