

**Return form and attachments to:**

Legal Services  
159 Gawler Place, Adelaide SA 5000  
[OCE@lsc.sa.gov.au](mailto:OCE@lsc.sa.gov.au)

# Appeal Form

**Your name:**

**Legal Services reference:**

**Where do you want us to send correspondence to:**

**Postal address:**

**Postcode:**

**Email address:**

*Decisions where there is **no right of appeal** include:*

The minimum client contribution payable in your matter  
What we will pay your lawyer to do

**What information do you want the Appeal Panel to consider. Please provide details below and attach any relevant documents**

**If you are appealing more than 14 days after you received the decision (or one month after a decision at the conclusion of your matter about the amount payable by you), please explain why there has been a delay:**