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| **Application by Person with Legal Aid to Change Solicitor**  Legal Services Act 2007; Criminal Legal Aid (Determinations by a Court and Choice of Legal Representative) Regulations 2013 and  Criminal Procedure Rules 46.3 |  |

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| **When to Use this Form:**  You must use this form if you have solicitors on Legal Aid and you want to make an application to the court to change to new solicitors[[1]](#footnote-1).  You must apply as soon as practicable after you become aware of the reasons for making an application.  **How to Use this Form:**   1. Give the information asked for in PART 1 and then send the form to the NEW solicitors you want to represent you. You can attach extra pages if there is not enough room but make sure you write your name and case number on the attached sheets. If you fill out the form on a computer the boxes will expand to fit your content. If you wish to email the form you can sign it electronically. 2. The new solicitors have to give the information in PART 2 and then send copies to the court AND to your present solicitors. 3. Your present solicitors have to respond to the application by providing the information in PART 3 and send a copy to you AND to the court. 4. The court will make a decision and inform the Legal Aid Agency. SOLICITORS PLEASE NOTE: it is essential that the solicitor’s account number and MAAT number are on the form or a new representation order cannot be produced. |

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| **PART 1** - The information you must give |

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| 1 | Your name |  | | | | | | |
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| 2 | Give the name of the court and the case number. |  | | | | | | |
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| 3 | Your address for post  If you are in prison give your prison number as well. |  | | | | | | |
|  |  |  | | | | | | |
| 4 | Your telephone number (if you have one.) |  | | | | | | |
|  |  |  | | | | | | |
| 5 | Your email address (if you have one.) |  | | | | | | |
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| 6 | Give the name of the solicitors who are representing you at the moment. They are the solicitors named in the Legal Aid Representation Order. |  | | | | | | |
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| 7 | How and why did you choose those solicitors in the first place? |  | | | | | | |
|  |  |  | | | | | | |
| 8 | What are you accused of? Summarise the charges. |  | | | | | | |
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| 9 | Provide the dates of the hearings that have already taken place and the date of your next hearing |  | | | | | | |
|  |  |  | | | | | | |
| 10 | Provide the name and address of the new solicitors you want to change to |  | | | | | | |
|  |  |  | | | | | | |
| 11 | How and why did you choose the new solicitors? |  | | | | | | |
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| 12 | **Tell the court why you are asking to change solicitors** Your application can only succeed:  EITHER if the court is satisfied that effective representation can no longer be provided by your present solicitors because:   1. there has been a breakdown in the relationship between you and the present solicitors; OR 2. there is some other compelling reason;   OR if the court is satisfied that:   1. your present solicitors consider they have a duty to withdraw from the case in accordance with their professional rules of conduct; OR 2. your present solicitors are no longer able to represent you through circumstances outside their control[[2]](#footnote-2).   You must set out which of these reasons applies in your case and explain why, giving full, precise details so that the court has full information to consider your application. **It is important that you include relevant dates and full details.**  Write your reasons here – or attach a sheet of paper with your reasons | | | | | | | |
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|  | If there has been a problem with a particular person working for your present solicitors is there any reason why another person working for your present solicitors could not take over the case? If so tell the court here. | | | | | | | |
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|  | If you have used and attached a separate sheet of paper mark ⮽ the box | | | | | | |  |
|  |  | |  | | | | | |
| 13 | **Independent Advocate:** If your solicitors instructed an independent barrister or solicitor to be your advocate in court give the name of the advocate and mark ⮽ a box to tell the court whether you wish to replace that advocate as well. | | | | | | | |
|  | Name of Advocate: | | | |  | | | |
|  |  | | | | | | | |
|  | I want to replace that advocate as well | | | | | | |  |
|  | *Or* | | | | | | |  |
|  | I want that advocate to continue to represent me. | | | | | | |  |
|  |  | | | | | | |  |
|  | Explain here (or on an attached sheet of paper) why you do or do not want the independent barrister or solicitor to continue to represent you. | | | | | | | |
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| 14 | **Legal Professional Privilege:** Conversations and letters between you and your present solicitors about the case are private between you. This is called “Legal Professional Privilege”. It means that when your present solicitors are asked about your reasons for the change they cannot refer to any information that is private between you unless you give your permission. If you give permission by ticking the box below that is called “Waiver of Legal Professional Privilege”. This waiver is for the purposes of this application only.  If you do not give permission then the court may think that your reasons would not have stood up to examination if you had given permission. | | | | | | | |
|  | If you waive Legal Professional Privilege for the purpose of this application so that your present solicitors may give a full response to your reasons mark the box ⮽. | | | | | |  | |
|  |  | | | | | |  | |
| 15 | Have you made an application to transfer Legal Aid to new solicitors before in this case? If so, give:   * the dates of any applications * what you said then to support your application * the decisions and details of what the decisions were. | | | | | | | |
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| 16 | The court will normally decide whether to allow a change of lawyer by looking at the paperwork. If you want your application to be decided at a hearing give your reasons. The court will decide if it is necessary. | | | | | | | |
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|  | **Sign your name here:** | | |  | | | | |
|  | **Date:** | | |  | | | | |
|  |  | | |  | | | | |
|  | **🖃 You must now send this form to the NEW SOLICITORS you want to represent you so that they can give the information in PART 2.** | | | | | | | |

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| **PART 2** – To be completed by the proposed new Legal Representatives. |

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| 17 | Name of legal representatives: |  | | |
|  |  |  | | |
|  | Postal Address: |  | | |
|  |  |  | | |
|  | Telephone Number: |  | | |
|  |  |  | | |
|  | Email: |  | | |
|  |  |  | | |
|  | Legal Aid a/c number: |  | | |
|  |  |  | | |
|  | Contact: |  | | |
|  |  | | | |
| 18 | Explain what, if any, dealings you have had with the applicant before the present case. |  | | |
|  |  | | | |
|  | *Please tick to answer the following questions:* | |  | |
| 19 | The applicant has asked the court to order the transfer a Legal Representation Order to you. You must not accept such a transfer unless you have the resources to deal with the applicant’s case. Are you willing to accept such a transfer? | | | |
|  | Yes | | |  |
|  |  | | |  |
|  | No | | |  |
|  |  | | | |
| 20 | Can you confirm that if a transfer were granted you will be able to meet the current case timetable? If not why not? | | | |
|  | Yes | | |  |
|  |  | | |  |
|  | No | | |  |
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|  |  | | | |
|  |  | | |  |
|  | Signed: |  | | |
|  | Date: |  | | |
|  | **🖃Send copies of the form (and any attached pages) to the court AND to the present legal representatives. If this application is granted you must, as soon as practicable, serve notice of appointment on each other party to the case. You can get information about the progress of the application from the court office.** | | | |

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| **PART 3** – Response to be completed by the present Legal Representatives |

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| 21 | Name of present legal representatives: | |  | | | |
|  |  | |  | | | |
|  | Postal address: | |  | | | |
|  |  | |  | | | |
|  | Telephone number: | |  | | | |
|  |  | |  | | | |
|  | Email: | |  | | | |
|  |  | |  | | | |
|  | Legal Aid a/c number: | |  | | | |
|  |  | |  | | | |
|  | MAAT number for this case: | |  | | | |
|  |  | |  | | | |
|  | Contact: | |  | | | |
|  |  | |  | | | |
|  | *Please tick to answer the following questions:* | | | | | |
| 22 | I acknowledge that for the purposes of this application: | | | | | |
|  |  | | | | | |
|  | Legal Professional Privilege has been waived: | | | | |  |
|  |  | | | | |  |
|  | Legal Professional Privilege had **not** been waived | | | | |  |
|  |  | | | | |  |
| 23 | Give your response to the reasons given by the applicant. Your response must provide any details required by Regulation 14 and comply with CrimPR 46.3.  If there has been a problem with a particular individual working for your firm is there any reason why another individual working for your firm could not take over the case?  You may do so here or on attached sheets. | | | | | |
|  |  | | | |  | |
|  |  | | | | | |
| 24 | **Independent Advocate:** If your firm has instructed an independent barrister or solicitor to be the applicant’s advocate in court give the name of the advocate and mark a box ⮽ to tell the Judge whether you are aware of any reason why that advocate could not continue to act. | | | | | |
|  | Name of Advocate: | | |  | | |
|  |  | | | | | |
|  | That advocate can continue to act | | | | |  |
|  | *Or* | | | | |  |
|  | That advocate could not continue to act for the reasons set out below | | | | |  |
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| 25 | The court will normally decide the application without an oral hearing. If you request an oral hearing set out the reasons here. | | | | | |
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|  | *Please mark the box if you are attaching sheets* | | | | |  |
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|  |  |  | | | | |
|  | Signed: |  | | | | |
|  | Date: |  | | | | |
|  |  |  | | | | |
|  | **🖃Send copies of the form (and any attached pages) to the court AND to the applicant.** | | | | | |

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| **PART 4** – Court Decision |

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| 26 | **LISTING:** | | |  |
|  | HHJ/DJ/JP |  | Date: |  |
|  |  | | |  |
|  | This application can be decided without a hearing | | |  |
|  | *Or* | | |  |
|  | List for an oral hearing to be attended by applicant and present and proposed new legal representatives | | |  |
|  |  | | |  |
|  | Time Estimate | | |  |
|  |  | | |  |
|  | Hearing to be in private | | |  |
|  | *Or* | | |  |
|  | Hearing to be in the presence of other parties | | |  |
|  |  | | |  |
|  | Hearing reserved to: HHJ/DJ/JP | | |  |
|  |  | | |  |
| 27 | **DECISION:** | | |  |
|  | HHJ/DJ/JP |  | Date: |  |
|  |  | | |  |
|  | The application for transfer is granted | | |  |
|  | *Or* | | |  |
|  | The application for transfer is refused | | |  |
|  |  | | |  |
|  | Reasons: | | |  |
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| **If the court grants the application, the court staff must inform the Legal Aid Agency. The Agency then will issue a transfer of representation order which will be sent to the new legal representatives.** | | | | |

END

1. The same form is used for all criminal courts. It must be used to make application to change Legal Representatives (Provider) under Regulation 14. It must not be used to make application to the Court to withdraw a determination under Regulation 9. [↑](#footnote-ref-1)
2. In either case your present solicitors will have to give details. [↑](#footnote-ref-2)