



Legal Aid  
Agency

# Representative Nomination Form

Consent form for disclosure of information  
to a client's nominated representative.

- 4 Please complete this form in block capitals if you wish to nominate someone other than your solicitor to contact the Legal Aid Agency to discuss your case on your behalf.
- 4 The form should be returned to the Legal Aid Agency, the address of which is included on your legal aid certificate.

Your Full Name: \_\_\_\_\_

Your Reference Number: \_\_\_\_\_  
(as appears on your legal aid certificate or any correspondence received from the Agency.)

The full name of your nominated representative:  
\_\_\_\_\_

The relationship between you and your nominated representative:  
\_\_\_\_\_

Nominated representative's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 4 Your nominated representative **MUST** give their date of birth when contacting the Agency.

## Authority

I hereby give authority for the Legal Aid Agency to disclose any information about my legal aid to the above nominated representative when contacting the Agency on my behalf.  
I undertake to advise the Agency if, at any time, I wish to withdraw this authority.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_