



Legal Aid
Agency

Application for the review of a decision of the director of legal aid casework

APP9E

Name: _____

Case Reference number: _____

Does your review need to be dealt with urgently?

Yes: ☐

No: ☐

If you have answered yes, please explain why:

GROUNDNS FOR REVIEW

Please explain why you think the decision was wrong in the letter we sent you.

If there is any information we do not have, which would lead us to make a different decision, please tell us what it is. Please also send with this form any documentation we identified as missing or that you think will help us.

CONTINUED

SIGNATURE

Signed: _____

Date: _____