

Representation Lower Courts – Urgent Hearing Notification Form

Please email this form to replowermerit@lsani.gov.uk

Name of Applicant		National Insurance No.	
Date of Birth		Address	
Date of Initial Advice			
Date of Hearing			
		Postcode	

Reason for Notification - please set out briefly the nature of the case

Nature of Proceedings – tick as appropriate			
Domestic Proceedings	<input type="checkbox"/>	Family Homes & Domestic Violence	<input type="checkbox"/>
Children Order – Private Law	<input type="checkbox"/>	Children Order – Public Law	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>		
Taking	<input type="checkbox"/>	Defending	<input type="checkbox"/>

- I confirm I have undertaken a full assessment of the applicant's means and I am satisfied the applicant is financially eligible for assistance under Regulation 35 of the Civil Legal Services (General) Regulations (Northern Ireland) 2015.
- I confirm I will fully complete the appropriate application request on LAMS in respect of this matter **within 7 days** from the date of your email to replowermerit@lsani.gov.uk.
- I accept that, when submitting this form to the Legal Services Agency Northern Ireland, the final decision in relation to my client's application, is subject to approval by the Director in accordance with the provisions of the Civil Legal Services (General) Regulations (Northern Ireland) 2015. If the application request submitted on LAMS is incomplete / completed incorrectly, the Urgent Hearing Notification form may be rendered void.
- I confirm that I will upload a copy of this completed form together with a copy of my email to replowermerit@lsani.gov.uk to LAMS when submitting my application on LAMS **within 7 days** of the date of the submission email.
- I understand that failure to comply with the conditions specified above will render this notification void.

Signed		Firm	
Print Name		Date	