

Application cover sheet

Independent Children's Lawyer and Separate Representative

Please return this completed form with your response to the selection criteria, signed undertaking, agreement regarding recipient created tax invoices and signed Independent Children's Lawyer & Separate Representative Agreement to:

Coordinator, Preferred Supplier Strategy
Legal Aid Queensland
psupp.coordinator@legalaid.qld.gov.au

Applicant name:
(must be a natural person)

Applicant's status
in practice:

- Employed solicitor Sole practitioner
 Partner ILP director
 Other, please
specify _____

Firm name: _____

Business address: _____

Postal address: _____

DX number: _____

Email address: _____

Telephone number: _____

Fax number: _____

Please indicate which sub panels you are applying for:

<input type="checkbox"/> Independent Children's Lawyer <input type="checkbox"/> Separate Representative	<i>For LAQ use only</i>
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Declaration

I declare all the information I have provided in this application is true and correct

Signed: _____

Dated: _____