

Applicant firm name:			
Location:			
Practice type:	<input type="checkbox"/> Sole practitioner <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated legal practice		
Business address:			
Postal address:			
DX number:			
Email address for LAQ communications:			
Telephone number:		Fax number:	

Please indicate which preferred supplier sub lists you are applying for:

<p><b>Family Law</b></p> <p><input type="checkbox"/> Family Law General</p> <p><input type="checkbox"/> Commonwealth Cross Examination Scheme</p> <p><b>Civil Law</b></p> <p><input type="checkbox"/> Civil Law – Child protection</p> <p><input type="checkbox"/> Civil Law – Administrative law</p> <p><input type="checkbox"/> Civil Law – Anti-Discrimination</p> <p><input type="checkbox"/> Civil Law – Domestic violence</p> <p><input type="checkbox"/> Civil Law – Inquests</p> <p><input type="checkbox"/> Civil Law – Proceeds of crime</p> <p><input type="checkbox"/> Civil Law – Veterans and defence</p> <p><input type="checkbox"/> Civil Law – Workers compensation</p>	<p><b>Criminal Law</b></p> <p><input type="checkbox"/> Criminal Law (General)</p> <p><input type="checkbox"/> Criminal Law (Life)</p> <p><input type="checkbox"/> Criminal Law (Youth)*</p> <p><b>*Please list below the names of all practitioners undertaking youth crime matters:</b></p>
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## Applicant checklist and declaration

Please ensure you have included the following documents before submitting your application:

Documents required:	
Detailed written response to the selection criteria — Part B of Application Guidelines	<input type="checkbox"/>
Signed Preferred Supplier Agreement	<input type="checkbox"/>
Signed agreement regarding recipient created tax invoices form	<input type="checkbox"/>
A copy of the applicant's unrestricted principal practising certificate	<input type="checkbox"/>

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

Name of person completing application \_\_\_\_\_  
 sole practitioner/partner/ILP director

Signature \_\_\_\_\_ Date \_\_\_\_\_