



MAGISTRATES' COURT
32-36 TOWN RANGE
GIBRALTAR

CIRCULAR TO ALL CHAMBERS

3 June 2026

Circ.6 of 2026

Compilation of Legal Aid Lists 2026 / 2027

As practitioners will be aware, amendments were made to the legal aid and legal assistance legislation during 2018.

One of the changes which was the introduction of the Legal Representative Scheme – Duty Solicitor Protocol. This has meant that practitioners on the legal aid lists have taken part in a ‘duty solicitor’ scheme.

In accordance with the Protocol, I will now be compiling new legal aid lists for the period commencing on the 1 October 2026 until 30 September 2027. Practitioners who wish to be included on the legal aid lists held by the Registrar of the Supreme Court and/or the Clerk of the Magistrates’ Court must complete and return the ‘Legal Aid Practitioner Application Form’ to the Clerk of the Magistrates’ Court.

Any practitioner who is currently included in the lists but who does not now re-apply will be removed.

In addition, senior practitioners are also invited to join the ‘Senior Panel’ by completing and returning the ‘Senior Panel List Practitioner Application Form’.

Application Forms should be received by the Clerk by no later than 2pm on Friday 26 June 2026.

Maurice Turnock
Clerk of the Magistrates’ Court



Gibraltar Courts Service

HM Government of Gibraltar

SENIOR PANEL - PRACTITIONER APPLICATION FORM
(FOR THE PERIOD ENDING 30 SEPTEMBER 2027)

NAME: _____

24HR MOBILE NUMBER(S): _____

EMAIL ADDRESS: _____

YEAR OF CALL (GIBRALTAR/ELSEWHERE): _____

NAME OF FIRM: _____

FIRM SUPERVISOR NAME: _____

FIRM SUPERVISOR EMAIL: _____

FIRM 24HR CONTACT NUMBER(S): _____

I WISH TO BE INCLUDED IN THE SENIOR PANEL OF PRACTITIONERS WITH 10 YEARS PQE AND KING'S COUNSEL WHO WOULD BE WILLING TO ASSIST DUTY SOLICITORS IN SERIOUS AND/OR COMPLEX CASES

DATE: _____

PRACTITIONER
SIGNATURE: _____

FIRM SUPERVISOR
SIGNATURE: _____



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LEGAL AID LIST – PRACTITIONER APPLICATION FORM
(FOR THE PERIOD ENDING 30 SEPTEMBER 2027)

NAME: _____

24HR MOBILE NUMBER(S): _____

EMAIL ADDRESS: _____

YEAR OF CALL (GIBRALTAR/ELSEWHERE): _____

NAME OF FIRM: _____

FIRM SUPERVISOR NAME: _____

FIRM SUPERVISOR EMAIL: _____

FIRM 24HR CONTACT NUMBER(S): _____

I WISH TO BE INCLUDED IN:

- A. The list held by the Registrar pursuant to Rule 2(1)(a) Legal Aid and Assistance Rules 1960
- B. The list held by the Clerk of the Magistrates Court pursuant to Rule 2(1)(b) Legal Aid and Assistance Rules 1960

DATE: _____

PRACTITIONER
SIGNATURE: _____

FIRM SUPERVISOR
SIGNATURE: _____