



**Gibraltar Courts Service**

HM Government of Gibraltar

**LEGAL AID LIST – PRACTITIONER APPLICATION FORM**

**(FOR THE PERIOD ENDING 30 SEPTEMBER 2023)**

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: \_\_\_\_\_