

**Application for Extension of Legal Aid Certificate in Employees' Compensation Cases
(Form X47/ECC)**

To : Director of Legal Aid

Our Ref. : _____ **Your Ref. :** _____

Date : _____

(I) Details of Extension Requested

To apply for extension of Legal Aid Certificate to cover proceedings up to and including _____

(II) Costs and Merits of the Aided Proceedings

(A) Estimated Profit Costs incurred to-date : \$ _____

(B) Estimated disbursements including Counsel's fees incurred to-date : \$ _____

(C) Costs order against the aided person :

(i) Yes, likely amount involved to-date : \$ _____
(copy Order(s) attached/already sent to DLA*).

(ii) No.

(D) Likely value of claim : \$ _____

(E) What is the prospect of the aided person achieving the intended outcome?

(i) Very good

(ii) Good

(iii) Reasonable

(iv) Less than reasonable

(F) Is your assessment in (D) & (E) above supported by evidence:-

(i) Yes

(ii) No

(G) If your answer is (iv) in (E) and/or* (ii) in (F) above, please explain why legal aid should continue.

(H) Estimate costs and disbursements likely to be incurred if legal aid is extended to cover trial.

(i) Profit Costs : \$ _____

(ii) Disbursements including Counsel's fees (if applicable) : \$ _____

(I) Is the aided person likely to be awarded costs of the proceedings if the intended outcome is achieved?

(i) Yes.

(ii) No.

(J) To your knowledge, is the claim covered by a valid insurance policy?

(i) Yes.

(ii) No, to your knowledge, is/are the judgment sum and/or* costs likely to be recovered from :-

(a) opposite party(ies), please specify the means you are aware of

(b) Employees' Compensation Assistance Fund Board

Signature of Assigned Solicitor : _____

Name of the Assigned Solicitor : _____

Firm : _____

Please tick as appropriate

* Please delete as appropriate