

Application for Extension of Legal Aid Certificate in Personal Injury Cases
(Form X47/PI)

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

- (A) Checklist Review
- (B) Pre-trial Review
- (C) Trial/Assessment of Quantum*

(II) Costs and Merits of the Aided Proceedings

- (A) Estimated Profit Costs incurred to-date : \$ _____
- (B) Estimated disbursements including Counsel's fees (if applicable) incurred to-date :
\$ _____
- (C) (i) For extension under (I) (A) above, have proceedings been commenced
 - (a) Yes (copy Writ attached/already sent to DLA*).
 - (b) No.
 - (ii) For extension under (I) (B) or (C) above, any costs Order against the Aided Person
 - (a) Yes, likely amount involved to-date : \$ _____
(copy Order(s) attached/already sent to DLA*).
 - (b) No.
- (D) Likely value of claim : \$ _____ (including/excluding* Employees' Compensation awarded/estimated* at \$ _____, if there is a connected EC 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 as requested.

(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) Motor Insurers' Bureau / Employees' Compensation Assistance Fund Board*

Signature of Assigned Solicitor : _____

Name of the Assigned Solicitor : _____

Firm : _____

Please tick as appropriate

* Please delete as appropriate