

**Application for Provision of a Certificate by Counsel**

I, \_\_\_\_\_ (Name) of \_\_\_\_\_  
\_\_\_\_\_ (Address)

hereby apply for the provision of a Certificate by Counsel for seeking a review of the decision of the Director of Legal Aid in refusing my application for legal aid in respect of my appeal to the Court of Final Appeal (CFA). A copy of the Notice of Refusal dated \_\_\_\_\_ is enclosed for your reference.

This application relates to a criminal case. The charge(s) laid against me is/are \_\_\_\_\_  
\_\_\_\_\_  
The sentence passed by the court is \_\_\_\_\_  
The relevant Charge Sheet is attached / not attached\*.

This application relates to a civil case. The intended appeal to the CFA relates to the judgment or decision or order on the substantive merits of the case.

I confirm that I acted in person / was represented\* by Mr/Ms\* \_\_\_\_\_  
of counsel on the instructions of Messrs \_\_\_\_\_  
in my appeal in the Court of Appeal.

On the language of the Certificate by Counsel, I request that –  
 it be prepared in the language in which the trial and the appeal were conducted; or  
 it be prepared in Chinese irrespective of the language used in the trial and the appeal.

If my application is approved, I nominate Mr/Ms\* \_\_\_\_\_ of  
Counsel and Mr/Ms\* \_\_\_\_\_ of Messrs \_\_\_\_\_  
\_\_\_\_\_ as instructing solicitor for the provision of a Certificate by Counsel and this  
application shall be taken as my instructions to the nominated solicitor or any solicitor assigned by the  
Legal Aid Services Council for the aforesaid purpose.

I understand and consent that the Legal Aid Services Council retains the ultimate right to assign lawyers for the provision of the certificate.

I also understand and consent that information relating to this case including my personal data may be disclosed by the Legal Aid Department to the Legal Aid Services Council for the purpose of processing this application or vice versa, and by the Legal Aid Services Council as well as the Legal Aid Department to the solicitor and counsel assigned for the purpose of providing the certificate.

I declare that the information provided in this application form is complete and correct to the best of my knowledge and belief. All additional information, if any, for consideration by the assigned counsel when preparing the certificate has been set out on the back of this application form. I hereby request the Legal Aid Services Council to provide the additional information to the solicitor and counsel assigned.

Signature : \_\_\_\_\_ Tel / Mobile : \_\_\_\_\_

Date : \_\_\_\_\_ Prisoner No. : \_\_\_\_\_  
(if applicable)

Please 「✓」 the appropriate box. \* Please delete as appropriate.

**Additional Information to be considered  
by Counsel when preparing the Certificate by Counsel\***

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

*\* Applicants can provide information on additional pages as needed. Applicants are required to initial and put down the date on each additional page.*