



Application for Review of Refusal or Withdrawal of Controlled Legal Representation CW4

Client's Details

First Name: _____ Surname: _____
 Address: _____ Client's DoB: ____/____/____
 Town: _____ UCN: _____
 County: _____ Provider file reference: _____
 Postcode: _____ Contact Telephone Number: _____
 LH Start Date: ____/____/____ CLR Date (if applicable): ____/____/____

Provider's Details

Name of provider: _____ Account Number: _____
 Address of provider: _____
 DX: _____ Fee Earner: _____
 Email: _____ Telephone number: _____

Please complete the following where applicable:

CLR Refused CLR Withdrawn **Matter Type:** Asylum Non - Asylum

Please indicate if/ why the application is urgent:

Fast Track case Bail Date of hearing ____/____/____

Supporting documents

Where applicable, please provide the following documents in support of this application for review (please tick)

Home Office/ECO decision
 Provider reasons for refusal/withdrawal
 Statement/SEF (if applicable)
 Copy of interview record (if applicable)
 Any other documentation (please specify below)

Please submit this form to:

National Immigration and Asylum Team
 12th Floor Exchange Tower
 2 Harbour Exchange Square
 London E14 9GE

DX 100170 Docklands 2

To be completed by the solicitor or category supervisor

If you have refused or withdrawn Controlled Legal Representation, give reasons, having regard to the criteria and the Contract Specification, as to why you do not consider representation justified in the particular case.

To be completed by the client (with the assistance of the provider) if the provider refuses or withdraws CLR.

Give reasons for your application for a review of the refusal or withdrawal of representation.

Declarations.

I can confirm I have been provided with the reasons for refusal/withdrawal of Controlled Legal Representation, the relevant documents mentioned overleaf and informed of my right of review to an Independent Funding Adjudicator.

Client signature: _____ Date: _____

I can confirm that the client has been assessed as financially eligible, that I have informed them of their right of review and the reasons why CLR has been withdrawn/refused. I have also provided them with the relevant documents.

Accredited Adviser: Signed: _____ Date: _____