

# Application for Duty Lawyer Accreditation

## Domestic & Family Violence Duty Lawyer Service

Please return this completed form with your signed and witnessed Statutory Declarations, copy of Practising Certificate, and details of relevant experience to:

Coordinator, Duty Lawyer Services  
Legal Aid Queensland  
[dv.dutylawyer@legalaid.qld.gov.au](mailto:dv.dutylawyer@legalaid.qld.gov.au)

Applicant name:  
*(must be a natural person)*

Applicant's status  
in practice:

- Employed solicitor     Sole practitioner  
 Partner     ILP director  
 Other, please  
specify \_\_\_\_\_

Firm name: \_\_\_\_\_

Business address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### DFVDL Training *(tick one box only)*

- I have attended DFVDL accreditation training conducted by LAQ; *or*
- I seek approval for DFVDL accreditation, conditional upon my attendance at DFVDL accreditation training on the next available date as advised by LAQ.

### Document Checklist

Please ensure you have provided the following information and documents before submitting this application:

- Statutory Declaration by Applicant
- Annexure to statutory declaration providing details of experience in DFV law, such as length of time practicing in DFV law in Qld, number of DV applications/ variations, advocacy experience etc. *(1 page maximum)*.
- Statutory Declaration by supervising Accredited DFV Duty Lawyer/s
- Copy of current QLS Practising Certificate

### Declaration

- I declare all the information I have provided in this application is true and correct

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_