

Duty lawyer agent request form

Please complete all sections of this form.

Magistrates Court number				Ĺ	-ocation			Date			Time		
Client's full name			•					DOB		•	☐ Adult		Youth
File number						Personal	appea	rance re	quired?		☐ Yes	□ No	
Agent for preferred supplier/in-house lawyer													
File manager							Firm r	name					
Contact details			Pho	ne				Fax					
Date received crown material					Date o			ast client contact					
Charges													
Co-accused?	□ Y	′es 🗌	No	o If yes – name of co-accu									
Bail status				,									
In custody	Correct			centre		Location							
Own undertaking Client's			's addre	ess									
Estimated sentence length													
Instructions													
Result	☐ Me	ntion 🗌	Summ	nary callover	Commi	ittal callover	r 🗌 S	ummary	trial 🗌 (Commi	ittal 🔲	Senten	ce
							_						
Appearing officer								Bail enla	arged [] Rema	anded in o	ustody	
Name								Date					
Contact details									·			_	

Please send this form directly to the Duty Lawyer Service Provider. If you are unsure who the Service Provider is at the desired Court Location, please visit www.legalaid.qld.gov.au/Duty-Lawyers-act-as-agents or call us on 1300 651 188.