

## CONFIRMATION OF CLIENT'S ELECTION RELATING TO LEAVE TO APPEAL

**A**

STATE VERSUS

AGE OF ACCUSED   YEARS   MONTHS CASE NUMBER

COURT   Supreme Court  Regional Court  District Court

MAGISTRATE/JUDGE

SENTENCE

DATE OF SENTENCE  D  D /  M  M / 2 0

X- REFERENCE NO

JUSTICE CENTRE

LEGAL REPRESENTATIVE

**B**

I (name)

- Hereby elect **not to apply/petition for leave to appeal** against my conviction and sentence. I realise that if I change my mind that I need to file an application/petition for leave to appeal within 14 days of my sentence/21 days of the date of refusal of leave to appeal and need to apply for Legal Aid within 1 year of being sentenced. If I do not do this, I will not qualify for legal aid(\*)
- Hereby elect **to apply/petition for leave to appeal** against my (\*)  
 CONVICTION ONLY (†)     SENTENCE ONLY (†)     CONVICTION AND SENTENCE (†)
- And wish to apply for Legal Aid in the appeal. I realise that my conviction on the present crime could be replaced by a more serious conviction on appeal and that my sentence could be increased on appeal.

If the clients elects to **appeal/petition** the practitioner shall:

- Obtain a completed and signed power of attorney from the client;
- Bring an application/petition for leave to appeal orally immediately after the passing of sentence or order and hand up the power of attorney or file and application/petition for leave to appeal and the power of attorney within the prescribed period;
- Attend to the application /petition for leave to appeal;
- **Send/Hand a copy of this form (completed and signed) to the relevant Justice Centre within 7 days of signature**

If the client elects **NOT to appeal/petition**:

- Send/Hand a copy of this form (completed and signed) to the relevant Justice Centre;
- File this form completed and signed in your office file and close the file

(\*) Delete if not applicable and initial (†) Tick the relevant box

**C**

### SIGNATURE AND DATE

I certify that the details stated above are true and correct and undertake to immediately inform the Legal Aid SA of the changes.

SIGNATURE/THUMBPRINT OF **APPLICANT**

DATE:  D  D /  M  M / 2 0

SIGNATURE OF **LEGAL REPRESENTATIVE**

DATE:  D  D /  M  M / 2 0