

Declaration of Dispute

ATHE CLAIMANT IS PHYSICAL ADDRESS C O D D EPOSTAL ADDRESS C O D D ETEL FAX NO DOCEX (if any) E-MAIL (if any) PRACTITIONER REFERENCE **B**

A dispute is hereby declared in accordance with procedures detailed in the Legal Aid Manual

X-REFERENCE NO NAME OF LEGAL AID APPLICANT AMOUNT OF ACCOUNT R AMOUNT PAID TO DATE ON ACCOUNT (if any) R

DATE OF ACCOUNT

 / / 20 **C**DATED AT ON THIS DAY OF 20 SIGNATURE **D**CLAIMANT'S REPRESENTATIVE (FIRM) PHYSICAL ADDRESS C O D D EPOSTAL ADDRESS C O D D ETEL FAX NO DOCEX (if any) E-MAIL (if any) PRACTITIONER REFERENCE