

REFUSAL OF LEGAL AID ASSISTANCE BY ACCUSED

A

I, the undersigned

FULL NAMES

SURNAME

CASE NO.

COURT/ PRISON

COURT NO.

OR PRISON NO.

acknowledge that:

1. On / / (date) I was given an opportunity to apply for legal aid.
2. I am aware of the seriousness of the case in which I am involved and of the possible consequences of not being legally represented.
3. I am aware that I might have a right to legal representation at State expense under the Constitution.
4. I have chosen not to apply for legal aid.

SIGNATURE

B

IF THE ACCUSED REFUSED TO SIGN PLEASE COMPLETE

LEGAL AID SA OFFICIAL

NAME

SURNAME

Certify that the above was explained to the accused and that he/ she refused to sign

LEGAL AID SA OFFICIAL SIGNATURE