**FORM B**

**SENTENCE REVIEW COMMISSIONERS**

**APPLICATION FOR A LEGAL AID DIRECTION**

PLEASE REMEMBER TO SIGN AND DATE BEFORE RETURNING THE FORM TO:

SENTENCE REVIEW COMMISSIONERS

LAGANSIDE COURT

MEZZANINE

1st FLOOR

OXFORD STREET

BELFAST

BT1 3LL

**LEGAL AID DIRECTION APPLICATION FORM**

**Name:**

**Home Address:**

**Prison:** **Prison No.:**

**Date of Birth:**

**Name of** **Legal**

**Representative:**

**Representative’s**

**Contact Address:**

**Representative’s**

**Occupation:**

**I hereby apply for a legal aid direction that I be awarded money to pay for legal advice or representation in connection with my involvement in a Sentence Review case.**

***SIGNED*** ***DATE***