




Legal Complaints Review Officer

For more information visit www.justice.govt.nz/tribunals

Application for Review of Decision of Standards Committee

Case No: _____
(LCRO use only)

 **What is this form for?** Use this form to apply to the Legal Complaints Review Officer (LCRO) for a review of a decision of a Standards Committee under sections 193-198 of the Lawyers and Conveyancers Act 2006.

Important Information

1. **Important:** You cannot lodge an application for a review of a decision unless the matter has been considered by a Standards Committee, and an order, decision, determination or direction has been made.
2. This application and the **\$50** filing fee must be received by the LCRO **within 30 working days** after the decision or action of the Standards Committee.
3. If you authorise another person to represent you in Part 4 of this form, all communications in relation to this application will be sent to the address you provided.
4. A copy of all documents will be requested from the Standards Committee. Please ensure that you provide copies of any additional documents that may assist the LCRO. All information that is provided will be disclosed to the other party to the review.
5. The LCRO cannot provide legal advice in relation to your application.

Please fill in all sections below:

Part 1: Applicant

Name / company name:

Attn:

Physical address

Street no. & name

Suburb

City/town

Post code

Address for service (if different from above)

Street (or PO Box)

Suburb

City/town

Post code

DX Box

Contact details

Daytime contact phone number ()

Mobile

Fax number ()

Email address

Part 2: Other party (if applicable)

Name / company name:

Attn:

Physical address

Street no. & name

Suburb

City/town

Post code

Address for service (if different from above)

Street (or PO Box)

Suburb

City/town

Post code

DX Box

Contact details

Daytime contact phone number ()

Mobile

Fax number ()

Email address

Part 3: Additional party (if applicable)

Name / company name:

Attn:

Physical address

Street no. & name

Suburb

City/town

Post code

Address for service (if different from above)

Street (or PO Box)

Suburb

City/town

Post code

DX Box

Contact details

Daytime contact phone number ()

Mobile

Fax number ()

Email address

Part 4: Authorisation (complete if you want someone to act on your behalf)

I authorise the following person to represent me:

Name

Firm name (if applicable)

Is your representative a lawyer? (please tick) Yes

No

Address for service

Street (or PO Box)

Suburb

City/town

Post code

DX Box

Contact details

Daytime contact phone number ()

Mobile

Fax number ()

Email address

Note: All correspondence will be sent to both you and your representative.

Part 8: What outcome is sought?

(If you need more space please attach a separate sheet)

Applicant's signature

Date / / (day / month / year)

Part 9: Checklist

Before you submit this form please check that:

- You are filing this application within **30 working days** from the date of the Standards Committee decision
- You have answered every question
- You have signed and dated this form
- You have enclosed your **\$50** filing fee [*cheques payable to the "Ministry of Justice"*]

You have enclosed the following:

- A copy of the written notice of determination issued by the Standards Committee
- A list and copies of documents that may assist the LCRO in considering your application

Legal Complaints Review Officer Contact Details



Legal Complaints Review Officer
Tribunals Unit
CX 10072
Auckland

Level 6
Auckland District Court
69 Albert Street
Auckland 1010

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