

New Zealand Lawyers and Conveyancers Disciplinary Tribunal

For more information visit www.justice.govt.nz/tribunals/lawyers-and-conveyancers-disciplinary-tribunal

Form C

Response to Charge against Practitioner, former Practitioner, Employee, or former Employee

Regulation 7 Lawyers and Conveyancers Act (Disciplinary Tribunal) Regulations 2008

Important Information

 If you authorise another person to represent you in accordance with paragraph 2 below, all communications in relation to this application will be sent to the postal address provided for them.
If you are not represented by another person, all communications in relation to this matter will be sent to the postal address you have provided.

Please fill in all sections below

Part 1: Parties

In the New Zealand Lawyers and Conveyancers Disciplinary Tribunal

No:

а

(reference number of proceedings)

In the matter of the Lawyers and Conveyancers Act 2006 and in the matter of

(full name),

(specify whether the person charged is a lawyer, former lawyer, conveyancing practitioner, former conveyancing practitioner, etc)

To the chairperson of the New Zealand Lawyers and Conveyancers Disciplinary Tribunal and to

(full name of person who laid charge(s))

Part 2: Response to charge

Note: If more than 1 charge has been laid, repeat this section as many times as is necessary to respond to each charge and the particulars of each charge.

Specify whether charge itself is admitted or denied and which facts alleged in support of charge are admitted and which are denied.

Part 3: Representation and appearance

Select the statement that applies

Statement A

I,

act for

(full name),

(full name of person charged).

Wishes / does not wish to be represented by me at any hearings or sittings of the Disciplianry Tribunal in relation to this charge.

Statement B

I am self-represented.

I wish / do not wish to attend any hearings or sittings of the Disciplinary Tribunal in relation to this charge.

| Part 4: Address for service | |
|-----------------------------|-----------|
| Address for service | |
| Full name | |
| Postal Address | |
| Street | Suburb |
| City/town | Post code |
| Contact details | |
| Contact phone number () | |
| Mobile | Fax |
| Email address | |

| Part 5: Signature | | |
|-------------------|----|----------------------------------------------------------------|
| Full name | | Position |
| Signature | | |
| on behalf of | | (person charged / representative of person charged) select one |
| on the day of | 20 | |

Tribunal Contact Details



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