

Request to Appeal – Eligibility Decisions

Client Name:

Date of Request:

Address:

Phone: Home:

Cell:

Work:

May we call you at work? Yes No

E-mail:

Client Number (if any):

Matter number (if any):

Decision of the Reviewer that you want to Appeal (pick one or more):

- Legal Aid Alberta will not provide me with legal representation:
 - I don't have the right type of problem for that service [Service Eligibility Guidelines/Policies]
 - my problem doesn't have "merit" or likelihood of success [Service Eligibility Guidelines/Policies]
 - I have too much income [Financial Eligibility Guidelines/Policies]
 - I have too much property or assets [Financial Eligibility Guidelines/Policies]

- Legal Aid Alberta has stopped giving me legal services because:

Date of the Decision you are Appealing: _____

What mistake did the Reviewer make in his or her decision? (If you need help with this form, LAA staff will help you. Use the back of the paper or a second sheet if you need more space to write.):

Are you attaching any documents or other material? Yes No
(List what they are. Use the back of the paper or a second sheet if you need more space to write.)

I want to attend an oral hearing before the Appeal Committee Yes No
*Note: Oral hearings are conducted by teleconference; if you choose to attend the oral hearing, the Appeal Secretariat will contact you to make arrangements for attendance.

You can deliver this form to Legal Aid Alberta in person, by email to Appeal@legalaid.ab.ca or by regular mail to the Appeal Secretariat, Legal Aid Alberta, 400 Revillon Building, 10320 102 Avenue, Edmonton, Alberta T5J 4A1.

TO BE COMPLETED BY LEGAL AID ALBERTA:

Date Form Received:

Name of staff person helping with this Form:

Name of staff person receiving this Form (if different from above):