

FORM 2



**REPUBLIC OF NAURU
OFFICE OF THE PUBLIC LEGAL DEFENDER**

APPLICATION FOR REVIEW WHERE LEGAL AID IS REFUSED

A. DETAILS		
1.	Full Name	
2.	Date applied for legal aid	
3.	Date received refusal letter from Director	
4.	What are the reasons given by the Director?	
5.	What are the reasons that you disagree with?	
6.	Have you addressed the reasons given by the Director? If so, how?	

I hereby confirm that I wish to have my application for legal aid reviewed by the Secretary for Justice and Border Control, pursuant to Clause 13 of the Guidelines.

Signed: _____
Applicant

Date: _____

Received: _____

Date: _____