



Section 1: Appellant's Information	
Last Name:	Click here to enter text.
First Name & Middle Name(s):	Click here to enter text.
Level Applied for:	Choose an item.
Bar Number (5 digits): <i>Enter 'S' if you are a solicitor-advocate</i>	Click here to enter text.

Section 2: Current Chambers or Solicitors Firm	
Name of Chambers/Solicitors Firm:	Click here to enter text.
Work Address:	Click here to enter text.
Correspondence Address: <i>(if different from above)</i>	Click here to enter text.
E-mail Address (<i>CJSM preferred</i>):	Click here to enter text.

Section 3: Current Circuit(s)

Please enter your current Circuit information as listed on the Advocate Panel list.

First Circuit:	Choose an item.
Second Circuit (optional):	Choose an item.

Section 4: Nature of Appeal	
Nature of Appeal:	Choose an item.

Crown Prosecution Service – Advocate Panel Scheme 2016-2020
Appeal Form



Section 5: Reason(s) for Appeal

All information you provide in this section will be treated in confidence. Please ensure that sensitive information is anonymised.

Please provide your reason(s) for appeal, and any additional evidence.
Maximum of 500 words.

Click here to enter text.



Section 6: Optional Accompanying Document

You may *optionally* submit only one accompanying document (e.g. a reference or an example of your work), which has not been submitted before, as supplementary evidence in support of your appeal. It is a matter solely for the applicant to decide which supporting document to submit, if any.

Accompanying Document attached?

Yes

No

Name of document attached:	Click here to enter text.
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Section 7: Declaration

I declare that the information contained in this form is true and complete. The drafting and examples provided are my own. If any statement is found to be false or misleading, or if I have withheld relevant information, or copied the work of others, then my application may be disqualified or I may be removed from the Panel.

I confirm that I have read, and will work in accordance with, the Advocate Panel Members' Commitment.

(Please tick the box to accept)

Name:	Click here to enter text.
Date	Click here to enter text.