



SCCF – EXT1S

Extension Request Application Form

Solicitor

Purpose

The purpose of this application is to set out the process to request an extension of time from the Solicitors Complaints Committee.

For those requesting an extension of time to reply to any correspondence issued after the submission of a complaint, please provide a clear explanation of why you require further time to respond.

In order to ensure matters can be progressed and dealt with in a timely fashion, time-limits should be adhered to wherever possible. We do however understand that there are some instances where parties may be unable to adhere to the time-limits set within our internal policies.

Should such a situation arise, we are happy to consider extension requests once you make us aware of any issues.

How to complete your application

Please complete each section of the form in full by providing as much information as possible, this will help us evaluate your request. You should ensure that:

- If completing the form by hand, write your responses using BLOCK CAPITALS or in clear, legible handwriting.
- If you need more space for further information, write or type a summary in the relevant box and attach additional information on a separate sheet noting at the top the section the continuation page represents.
- Sign and date the form if completed by hand, or type your full name in the signature box, date and save the form if you are completing it electronically. Digital signatures are accepted.

For help completing the form, please call 028 9023 1614 between 09.00 & 17.00 Monday to Friday.

Where should you return your application?

Once completed, this form can be returned by email to enquiries@scc-ni.org or by post to:

The Solicitor Complaints Office

Law Society House

96 Victoria Street,

Belfast,

County Antrim,

BT1 3GN

Please ensure you have applied the correct postage, otherwise we may not receive it.

Our Decision

We will acknowledge receipt of your extension request in writing.

Privacy

Please review our Privacy Notice as to how we look after your personal data.

**We would encourage you to complete this form in TYPE
or to please use BLOCK CAPTIALS in black ink.**

Section 1	Personal details required <i>The following information is required from you</i> Your Details	
	Name:	
	Firm:	
	Firm Address:	
	Postcode:	
	Telephone Number:	
	Email Address:	
Your preferred method of communication		Email: <input type="checkbox"/> Post: <input type="checkbox"/>

Section 2	Personal details required <i>The following information is required from you</i> Complainant Details	
	Name:	
	Address	
	Postcode:	

Section 3	Your extension request <i>Please indicate from the options below the reason for your request.</i>	
	I wish the Committee to consider the following circumstances which will prevent me from responding within the time-frame provided. <i>Please provide further information in support of your request</i>	<input type="checkbox"/>

Section 5	Your Declaration	
	<ul style="list-style-type: none"> I declare that the information I have given on this application is correct to the best of my understanding. I confirm that I understand that the Committee, on receipt of this application, will afford both the complainant and solicitor the opportunity to make representations before it makes a determination. 	
	Name 1:	
	Signature 1:	
	Name 2:	
	Signature 2:	
	Date:	

Checklist:		
A. I have completed the relevant sections of the form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. I have signed and dated the form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. I have enclosed/attached additional pages and/or supporting documents: *Please list each document below to assist us in checking that we have received all documents sent by you*	Yes <input type="checkbox"/>	No <input type="checkbox"/>