**Lord Chancellor’s Directions, Appendix 5C**

# Recommendation of approval or refusal of transfer requests:

**Bench Chair’s Recommendation**

**Full name of applicant**

First name(s)

Middle name(s)

Last name

**Date of birth**

Day Month Year

Current bench

1. **Recommendation to approve transfer request**

I hereby recommend the applicant be reassigned to the (XXXXXXXX) Local Justice Area.

Signature

Day Month Year

**Note**: Full reasons should be given in accordance with Part 5 of the Lord Chancellor’s Directions to Advisory Committees.

1. **Recommendation to reject transfer request**

I have considered the applicant’s request for transfer to the Local Justice Area. However, I am unable to recommend reassignment for the following reasons:

Signature

Day Month Year

**Note**: Bench Chairs may wish to invite the magistrate to reconsider their transfer request or, if that is not possible, to apply for their name to be entered in the Supplemental List.

Bench Chairs/Advisory Committee Secretaries may wish to seek advice on the wording of letters from the Judicial Office.