



Application to the Board for legal aid in solemn criminal proceedings

CRIM/SOLEMN

Use this form for applications to the Board for legal aid in solemn criminal proceedings. For applications to the court, or for confirmation of automatic legal aid, use form CRIM/COURTAPP.

Issued Dec 2010

SECTION A - ABOUT ANY PREVIOUS APPLICATIONS

Any previous criminal legal aid for this case? Summary Solemn Regulation 15 None Legal Aid Ref (if known)

Has legal aid previously been refused for this case? Yes No If Yes, please give reason:

SECTION B - SOLICITOR ACTING FOR THE APPLICANT

Solicitor's code number Solicitor's name

Firm's code number Firm's name

Branch code If left blank, all correspondence will be sent to the main branch

Your internal reference number Town/city

SECTION C - THE APPLICANT

Applicant's personal identifier (if known) LETTERS/NUMBERS NUMBERS

Applicant's National Insurance number - this MUST be given LETTERS NUMBERS LETTER

If the applicant does not have a National Insurance number, are they: a child an asylum seeker (Please provide HOR Number) Other (Please explain)

Applicant's full name

Mr Mrs Miss Ms Other (please specify any other titles)

Applicant's date of birth DAY MONTH YEAR Gender: Male Female

Address

Town/City Postcode

SECTION D - APPLICANT'S FINANCIAL CIRCUMSTANCES

Does the applicant live with a spouse or partner? Yes No

If Yes, does the spouse or partner have a contrary interest in this case? Yes No

If Yes, is it: victim co-accused Crown witness

No. of dependants (excluding spouse or partner)

What income does the applicant receive? Benefits None Earnings Other (please specify)

None -In custody/on remand

SECTION D (CONTINUED) - APPLICANT'S FINANCIAL CIRCUMSTANCES

If the applicant receives benefits income, which benefit is received? Income support Income-based jobseeker's allowance Income related employment and support allowance Other benefits (please specify at Section F)

If the applicant does not receive any income, how are they supported financially?

If the applicant has earnings income, what is their usual occupation, trade or profession?

If the applicant has earnings income, what is the name and address of the applicant's employer(s)?

Employer name, address and postcode	Employer name, address and postcode

Does the spouse/partner get income (benefits or earnings) of more than £215 a WEEK? Yes No

If Yes, or if the applicant's benefits are claimed in the name of his/her spouse/partner, please provide the following:

Partner's forename

Partner's surname

Partner's date of birth

DAY	MONTH	YEAR

If the applicant's spouse or partner has income from benefits or employment, please provide their details below (if known):

Partner's National Insurance number (if known)	LETTERS	NUMBERS	LETTER

If the applicant's spouse or partner receives benefits income, which benefit is received?

- Income support
- Income related employment and support allowance
- Income-based jobseeker's allowance
- Other benefits - please specify these in Section F - Weekly income from all sources

If the applicant's spouse or partner has earnings income, what is the name and address of their employer(s)?

Employer name, address and postcode	Employer name, address and postcode

SECTION E - CAPITAL AND ANY OTHER ASSETS

Capital: This means all cash held, money in any bank accounts, investments such as shares or bonds etc and all property or land, in your name, etc. Nil capital

Cash £	Bank £	Shares £	Other £ (please specify)
Applicant's bank account details (For all accounts) <input type="checkbox"/> no account	Names of bank/building society/Post Office of all accounts, sort code and account number, share references, etc.		

SECTION E (CONTINUED) - CAPITAL AND ANY OTHER ASSETS

Investments (shares and bonds etc)	Names of company where shares/bonds held including share references, etc.			
Property/land address (other than main dwelling house)	Value of Property	£	Outstanding value of mortgage/loan over property	£
Town/city				
Postcode				

SECTION F - WEEKLY INCOME FROM ALL SOURCES

Weekly income					Weekly payments	
(Applicant)			(Spouse/partner)			
Income	Details	Amount	Details	Amount	Details	
	Nil <input type="checkbox"/> (Tick box if applicable)		Nil <input type="checkbox"/> (Tick box if applicable)		Nil <input type="checkbox"/> (Tick box if applicable)	
Benefit 1		£		£	Mortgage/Rent	£
Benefit 2		£		£	Council Tax	£
Benefit 3		£		£	Loan 1 paid to	£
Pay or sick pay		£		£	Loan 2 paid to	£
Self-employed		£		£	Loan 3 paid to	£
Private pension		£		£	Maintenance paid to	£
Student grant		£		£	Other payments	£
Other		£		£	Other payments	£

SECTION G - THE CASE

Category code(s) and number of charges - please enter the number of charges for all relevant categories	
ABD Abduction AMU Attempted murder ANI Animal Acts ASS Assault ATTP Attempting to pervert the course of justice BBC Breach of bail conditions - 27(1)b BCRO Breach of community reparation order BOAS Breach of ASBO BOP Breach of peace BSEX Breach of the Sex Offenders Act 1997 - outside UK CGAI Civic Government (Scotland) Act 1982 - indecent photographs CGAO Civic Government (Scotland) Act 1982 - other CGAT Civic Government (Scotland) Act 1982 - section 57 COMM Communications Acts CULP Culpable and Reckless Conduct DG Misuse of Drugs Act 1971 EMB Embezzlement EWA Emergency Workers Act	FIR Firearms Act FRA Fraud FTA Breach of bail conditions - 27(1)a FTAO Breach of bail conditions - other HB Housebreaking HOM Culpable homicide MUR Murder OFW Offensive weapon POL Police (Scotland) Act ROB Robbery RTA Road Traffic Act SEX Sexual offences TERR Terrorism THF Theft TMV Theft of motor vehicle VAN Vandalism WFR Wilful fire raising OTC Other (please specify)

Date of first appearance	DAY	MONTH	YEAR	Date of next appearance (if known)	DAY	MONTH	YEAR
Court location	Court type			<input type="checkbox"/> Sheriff		<input type="checkbox"/> High	

SECTION G (CONTINUED)- THE CASE

	LETTERS	NUMBERS	NUMBERS
PF reference number			

Name(s) of any co-accused

Any other rights or facilities that might fund case? Yes No

If yes, please give details below and explain why an application has been made for legal aid.

SECTION H - EQUALITY - COMPLETED BY THE APPLICANT

We have to collect information to monitor equality of access of people applying for legal aid. Your answers help to do this. Your answers are not used to decide if you qualify for legal aid.

- Do not wish to answer
- Your ethnic origin: _____ If other: _____
- Do you consider yourself to have a disability? Yes No Do not wish to answer

SECTION I - DECLARATION BY APPLICANT

- I declare that the information given in this application is, to the best of my knowledge and belief, correct.
- I understand that if I knowingly provide any false or incomplete information about my financial circumstances, this may lead to separate criminal charges being brought against me.
- I agree to the Scottish Legal Aid Board asking other people or bodies about this application. This could include my solicitor, my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs. I authorise those other people or bodies to provide the information the Board asks for.
- I agree to the disclosure of this application, associated papers and my case file held by my solicitor for quality assurance purposes including peer review, at any stage during or after the case.
- I apply for legal aid and wish the solicitor named in this form to act for me.

Signature of applicant Date

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION J - DECLARATION BY THE SOLICITOR

As the applicant is being prosecuted under solemn procedure in this matter, I am giving criminal legal aid until this application is determined by virtue of the automatic legal aid provisions of section 22 (1) (b) of the Legal Aid (Scotland) Act 1986. Yes No

- I certify that, to the best of my knowledge and belief, the information given is correct
- I have retained a copy of this application
- I consent to the disclosure of this application, associated documentation and client case file for quality assurance including peer review, at any stage during or after the proceedings
- I have agreed to act on behalf of the applicant if legal aid is granted

Signature of solicitor Date

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION K - ATTACHMENTS

- The following documents must be attached, where relevant:
- Copy of the petition/Indictment
 - Copy of evidence of employment income, payslips, bank statements, business accounts, etc
 - Copy of confirmation of household payments made - for example, mortgage/rent, council tax etc

NB: We will not return any documents that you send us, and will destroy them after 30 days, so please send us copies.