

# Child appeal application

CLEAR DATA

PRINT FORM



## CHILD/APPL/APP

### **Before you return this form to the Board**

- check that all the necessary information is given on the form and all questions have been answered
- remember to include your practitioner code and your firm's branch code
- make sure you give your firm's code number in the solicitor's details section, otherwise applications will be rejected
- make sure that you and the applicant have both signed and dated the form, where appropriate

**Please note: The applicant's name will automatically appear at the top or bottom of every page of the form. This is for the Board's use only - please do not alter this field.**



# SCOTTISH LEGAL AID BOARD

APPLICATION TO THE BOARD FOR LEGAL AID  
CHILDREN (SCOTLAND) ACT 1995  
APPEAL PROCEEDINGS

# CHILD APPEAL BOARD



## PART A1 - THE APPLICANT

1. Applicant's personal identifier (if known)

2. Applicant's National Insurance number (if known)

3. Male Female 4. Single Married Divorced Widowed

5. Mr Mrs Miss Ms

Enter below any other title preferred for use in correspondence

6. Applicant's forename(s)

7. Applicant's surname

PLEASE NOTE: The information asked for in questions 8-12 is needed so that we can be sure we never confuse your records with those of someone else having the same name.

8. Applicant's surname at birth if different from surname above

9. Maiden surname of applicant's mother

10. Date of birth Day Month Year

11. Age last birthday

12. Place of birth Town, city or district

13. Usual home address

Use a separate line for each part of your address, just as if you were addressing an envelope. Please include your postcode to ensure that mail reaches you as soon as possible.

14. Postcode

15. Name and address for correspondence

The Board may have to write to you. If you do not wish mail to be addressed using the first forename and surname and address above, please say here how you wish mail to be addressed.

Forename

Surname

16. Postcode

17. Daytime telephone number

18. Occupation, trade or profession

Even if not now in work

## PART A2 - DETAILS OF ANY PERSON ACTING FOR THE ABOVE APPLICANT IN A REPRESENTATIVE CAPACITY

1. If you are concerned in the proceedings in a representative, fiduciary or official capacity, please specify that capacity

Enter below any other title preferred for use in correspondence

2. Mr Mrs Miss Ms

3. Forename and/or initials

4. Surname

5. Designation  Advocate  Solicitor  QC  CA Other

6. Address

Use a separate line for each part of the address, just as if you were addressing an envelope. Please include the postcode.

7. Postcode

**PART B - THE CASE** *To be completed by the solicitor*

1. Was there a special urgency grant of legal aid in this case?

 Yes  No

If Yes, please give the date and legal aid case reference number of this grant

Day	Month	Year

Legal aid case reference number

2. Date of appeal hearing, if known

Day	Month	Year

If the child involved is the applicant whose details are given in Part A1 above and the application is made on behalf of the child by a "relevant person" (as defined on page 3) please give the following details

3. Name of "relevant person"

Forename

Surname

If the child involved is *not* the applicant whose details are given in Part A1 above, please give the following details

4. Name of child involved

Forename

Surname

5. Child's date of birth

Day	Month	Year

6. Type of appeal

(a) Appeal under Section 51 of the Children (Scotland) Act 1995 arising from a decision of the sheriff

 in an appeal from a decision of a children's hearing on an application for a finding as to the grounds of referral on an application for review of a finding as to the grounds of referral

(b) Appeal from a decision of the sheriff under Sections 76 to 80 of the Children (Scotland) Act 1995

 on an application for an exclusion order on an application for the variation or recall of an exclusion order

7. The applicant is

 the appellant the respondent in an appeal

8. The appeal is to the

 Sheriff Principal Court of Session

9. In the case of an appeal concerned with an exclusion order please indicate whether the applicant is -

 a child a relevant person in relation to a child a person who is a named person, or who will be such a person if the application for an exclusion order is granted (i.e. the person to be excluded) a spouse or partner of a person who is a named person, or who will be such a person if the application for an exclusion order is granted (i.e. the spouse or partner of the person to be excluded) a person who is an appropriate person, or who will be such a person if the application for an exclusion order is granted (i.e. the person who will be responsible for the care of the child)

10. If the applicant is a relevant person in relation to a child, please explain why

*(e.g. the applicant is the child's mother; the child lives with the applicant; or as the case may be).*

11. Did the applicant have legal aid for this case at an earlier stage?

 Yes  No*Legal aid case reference number*

If Yes, please state the legal aid reference number (if known)

12. Was legal aid refused or withdrawn by the Board or court?

 Yes  No

If Yes, please provide details and an explanation as to why legal aid should now be granted for the appeal proceedings

13. Has the applicant any rights or facilities which might assist in this case?

 Yes  No

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

**14. Grounds of appeal**

Please briefly set out the arguments in support of the application

- The attention of the Board must be clearly and immediately directed to the scope and grounds of the appeal
- Where reference is made to any document, the relevant passage must be specified by page number, and, if appropriate, by paragraph number
- In all cases, it is the responsibility of the solicitor to submit all relevant documentation to the Board

15. In my opinion, as solicitor for the applicant, there are substantial grounds for making or responding to the appeal  Yes  No

16. In my opinion, as solicitor for the applicant, it is reasonable in the particular circumstances of the case that legal aid should be made available  Yes  No

**DECLARATION BY SOLICITOR** *To be completed by the nominated solicitor*

I confirm that I have agreed to act on behalf of the applicant if legal aid is granted

**Please ensure that Part E (Solicitor’s Details) is also completed**

**CHILDREN (SCOTLAND) ACT 1995**

In the Act the following terms are defined:-

“relevant person” in relation to a child means -

- (a) any person enjoying parental responsibilities or parental rights under Part I of the Act;
- (b) any person in whom parental responsibilities or rights are vested by, under or by virtue of the Act; and
- (c) any person who appears to be a person who ordinarily (and other than by reason only of his employment) has charge of, or control over, the child.

“appropriate person” is a person specified in the application for an exclusion order who is capable of taking responsibility for the provision of appropriate care for the child and any other member of the family who requires such care and who is, or will be, residing in the family home.

“named person” is a person named in an application for an exclusion order as the person who will be excluded from the child’s family home if the order is granted.

**PART C - FINANCIAL STATEMENT** *Disregard if the applicant had legal aid for the case at an earlier stage*

Please make it clear whether the information given below relates to the child, some other person, or both. Please give sufficient information to identify any dependants who may also suffer undue hardship if the application is not granted.

**EMPLOYMENT STATUS**

1.  employed  unemployed  self-employed  
 student  company director  retired

**CAPITAL (To the nearest pound)**

2. Cash (coin, banknotes, cheques)	£.....
3. Money in Bank	£.....
Building Society	£.....
4. Shares in	£.....
5. a. Land at	£.....
b. House (other than your main house)	£.....
at	£.....
c. Timeshare at	£.....
6. Loan secured over above property owed to	£.....
7. Other capital. <i>Say what this is</i>	£.....
8. Money to be paid out of capital (expenses regularly met from savings) <i>Say what these are</i>	

**INCOME (from all sources)**

14. Child Benefit	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per 4 weeks	£.....
15. Any other state benefits <i>Say what these are</i>		
a.	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per 4 weeks	£.....
b.	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per 4 weeks	£.....
16. Address of benefit office		
17. Pay or sick pay from work (including overtime, commission, bonuses, but after deducting tax, National Insurance, etc.)	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	
18. Name and address of any employer(s)		
19. Drawings from business if self-employed or in partnership	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	
20. Student grant	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	
21. Money from any other source including maintenance <i>Say what this is.....</i>	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	

**DEPENDANTS**

What dependants (if any) do you yourself actually support (either wholly or partly)?

9. Do you support a spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Number of dependent children under 11	<input type="text"/>
11. Number of dependent children aged 11 to 15	<input type="text"/>
12. Number of dependent children aged 16 or 17	<input type="text"/>
13. Number of dependants aged 18 or over	<input type="text"/>
<i>Say who these are</i>	
(name)	
(name)	
(name)	

**PAYMENTS DUE**

Please do not include general living expenses, such as food, gas/electricity, clothes, petrol, etc. - a standard allowance will be given for these items.

22. Rent or board and lodgings	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....
23. Mortgage (including any endowment or life policies linked to the mortgage)	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....
24. Council Tax/Community Charge	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....
25. Maintenance paid to (name)	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....
(name)	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....
26. Other payments due to be made <i>Say what these are</i>	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....
	<input type="checkbox"/> per week <input type="checkbox"/> per 2 weeks <input type="checkbox"/> per month <input type="checkbox"/> per year	£.....

**PART D - DECLARATION BY APPLICANT IF YOU KNOWINGLY MAKE A FALSE STATEMENT YOU MAY BE PROSECUTED**

I declare that the information given in this application is true and complete to the best of my knowledge and belief. I give my permission for the Scottish Legal Aid Board to make enquiries of any other persons or bodies as it may consider necessary in relation to this application. I authorise such other persons or bodies to provide such information as may be required by the Board. I apply for legal aid and wish the solicitor(s) named below to act for me.

Signature of applicant

Date signed

**PART E - DETAILS OF NOMINATED SOLICITOR ACTING**

1. Practitioner's code number  2. Branch code

3. Firm's code number

**DETAILS OF ANY EDINBURGH AGENT INSTRUCTED**

5. Practitioner's code number  6. Branch code

7. Firm's code number

4. Your reference	Telephone number
Name	
Firm	
Address	
Postcode	DX no/exch

8. Your reference	Telephone number
Name	
Firm	
Address	
Postcode	DX no/exch