



**INTIMATION TO THE BOARD OF AUTOMATIC LEGAL AID:
DRUG COURT; YOUTH COURT; SECTION 22; DOMESTIC
ABUSE COURT**

**DRUG COURT
SEC 22
YOUTH COURT
DOM. ABUSE
COURT**

PART A - THE ASSISTED PERSON

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 the address, just as if you were addressing an envelope. Please include the postcode to ensure that mail reaches you as soon as possible.*

14. Postcode

15. Occupation, trade or profession *Even if not now in work*

PART B - THE CASE *To be completed by the solicitor. To assist the court, please also attach a copy of the petition, indictment or complaint.*

1. The court is the District Court Sheriff Court High Court at 2. Procurator fiscal's reference

3. Type of Intimation

Drug court Youth Court Domestic Abuse Court

Section 22(1)(da) - whereby the court determines whether the applicant is insane so that the trial cannot proceed or continue.

Section 22(1)(db) - in relation to an examination of facts held under section 55 of the Criminal Procedure(Scotland) Act 1995.

Section 22(1)(dc) - appeal under section 62 or 63 of the 1995 Act in cases involving insanity.

Section 22(1)(dd) - appointment of solicitor by the court to a person accused of sexual offence. (section 288B of Criminal Procedure(Scotland) Act 1995)

4. Is the applicant receiving advice and assistance in connection with this matter? Yes No

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

PART C - 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 named below to act for me.

Signature of applicant	Date signed
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PART D - DETAILS OF SOLICITOR ACTING (PLEASE PRINT)

1. Practitioner's code number

2. Branch code

3. Firm's code number

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

DECLARATION BY SOLICITOR

I confirm that I am providing automatic legal aid to the assisted person.

Signature of solicitor	Date
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PART E - CERTIFICATION BY COURT

I certify that this is a - **Domestic Abuse Court**

drug court case **Youth Court** **Section 22(1)(da)** **Section 22(1)(db)**

Section 22(1)(dc) **Section 22(1)(dd)**

Clerk of Court	Date
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