

Summary Criminal Appeal

CLEAR DATA

PRINT FORM



CRIM/APPL/APP

Use this form for

- an appeal against conviction, sentence, other disposal or acquittal
- an application to the nobile officium of the High Court of Justiciary
- a reference by the Secretary of State to the High Court of Justiciary.

If the applicant was not granted legal aid by the court of first instance or by the Board, the financial statement at Part C must be completed.

Part D (Declaration by Applicant) and Part E (Details of Solicitors Acting) must be completed in all cases.

Before you return this form to the Board

- make sure you give your firm's code number in the solicitor's details section, otherwise applications will be rejected
- 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 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.



APPLICATION FOR LEGAL AID IN CRIMINAL APPEAL PROCEEDINGS

CRIMINAL APPEAL



PART A - THE APPLICANT

1. Applicant's personal identifier (if known) [grid]

2. Applicant's National Insurance number [grid]

3. Male Female 4. Single Married Divorced Widowed

5. Mr Mrs Miss Ms Enter below any other title preferred for use in correspondence [text box]

6. Applicant's forename(s) [text box]

7. Applicant's surname [text box]

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 [text boxes]

10. Date of birth Day Month Year 11. Age last birthday 12. Place of birth Town, city or district [text boxes]

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. [text boxes]

14. Postcode [text box]

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. [text boxes]

16. Postcode [text box]

17. Daytime telephone number [text box]

18. Occupation, trade or profession Even if not now in work [text box]

USE THIS FORM FOR
• an appeal against conviction, sentence, other disposal or acquittal
• an application to the nobile officium of the High Court of Justiciary
• a reference by the Secretary of State to the High Court of Justiciary

If the applicant was not granted legal aid by the court of first instance or by the Board, the financial statement at Part C must be completed

Part D (Declaration by Applicant) and Part E (Details of Solicitors Acting) must be completed in all cases

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

Yes No

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

<i>Day</i>	<i>Month</i>	<i>Year</i>

Legal aid case reference number

2. Date of appeal hearing, if known

<i>Day</i>	<i>Month</i>	<i>Year</i>

3. Nature and extent of appeal

- Appeal against conviction
 Appeal against conviction and sentence
 Appeal against sentence only
 Petition to *nobile officium*
 Appeal against acquittal

Appeal against other disposal (please give details)

Reference by the Secretary of State to the High Court of Justiciary

4. Method of appeal

- Note of appeal
 Stated case
 Bill of suspension
 Petition to High Court
 Bill of advocacy

Other (please give details)

5. Court of first instance and location of court

- District court
 Sheriff (summary)
 Sheriff (solemn)
 High Court
 Location of court

6. Date of the conviction, sentence, other disposal or acquittal, to which the appeal relates

<i>Day</i>	<i>Month</i>	<i>Year</i>

7. Describe the charge(s) and sentence (if appropriate) or matter to which the appeal relates

8. Was criminal legal aid made available by the court or by the Board for this case in the court of first instance?

Yes No

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

Legal aid case reference number

9. Was legal aid refused or withdrawn by the Board or court of first instance?

Yes No

If Yes, please provide details

10. Has the applicant any rights or facilities which might assist in the conduct of this appeal?

e.g. from insurers, employer, trade union, motoring organisation, etc.

Yes No

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

11. If the applicant is in custody, please state where, and in what circumstances

e.g. on remand, already serving a sentence, non-appearance warrant, etc.

PART C - FINANCIAL STATEMENT *Disregard if legal aid was made available for the case in the court of first instance*

The Board has to decide if you can meet the cost of your case without undue hardship to yourself or your dependants. Full information must be given about your own means. You do not have to say anything about the means of your spouse, partner or anyone else, but you should say if someone is getting a state benefit for you. The Board may make enquiries to verify information given.

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 due by applicant(e.g.expenses	
regularly met from savings)	
<i>Say what these are</i>	
.....	£.....
.....	£.....

INCOME (from all sources)

14. Child Benefit	per week per 2 weeks per 4 weeks	£.....
15. Any other state benefits	<i>Say what these are</i>	
a.	per week per 2 weeks per 4 weeks	£.....
b.	per week per 2 weeks 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.)	per week per 2 weeks per month per year	£.....
18. Name and address of any employer(s)	
19. Drawings from business if self-employed or in partnership	per week per 2 weeks per month per year	£.....
20. Student grant	per week per 2 weeks per month per year	£.....
21. Money from any other source including maintenance		
<i>Say what this is</i>		
.....	per week per 2 weeks per month per year	£.....

PERSONS DEPENDENT ON APPLICANT

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

9. Do you support a spouse/partner? Yes No

10. Number of dependent children under 11

11. Number of dependent children aged 11 to 15

12. Number of dependent children aged 16 or 17

13. Number of dependants aged 18 or over

Say who these are

(name)

(name)

(name)

PAYMENTS DUE BY APPLICANT

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	per week per 2 weeks per month per year	£.....
23. Mortgage (including any endowment or life policies linked		
to the mortgage)	per week per 2 weeks per month per year	£.....
24. Council Tax/Community Charge	per week per 2 weeks per month per year	£.....
25. Maintenance paid to		
(name)	per week per 2 weeks per month per year	£.....
(name)	per week per 2 weeks per month per year	£.....
26. Other payments due to be made	<i>Say what these are</i>	
.....	per week per 2 weeks per month per year	£.....
.....	per week per 2 weeks per month 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	<input type="text"/>	2. Branch code	<input type="text"/>
3. Firm's code number	<input type="text"/>		
4. Your reference	Telephone number		
Name			
Firm			
Address			
Postcode			
DXno/exch			

DETAILS OF ANY EDINBURGH AGENT INSTRUCTED

5. Practitioner's code number	<input type="text"/>	6. Branch code	<input type="text"/>
7. Firm's code number	<input type="text"/>		
8. Your reference	Telephone number		
Name			
Firm			
Address			
Postcode			
DXno/exch			