



**APPLICATION TO THE COURT FOR LEGAL AID
IN SOLEMN CRIMINAL PROCEEDINGS**
OR UNDER SECTIONS 23(1)(b) AND 30(1) OF
THE LEGAL AID (SCOTLAND) ACT 1986

CRIMINAL COURT



PART A - 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 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 Application Solemn Proceedings Section 23(1)(b) Section 30(1)

4. If applying under Section 23(1)(b), please confirm whether the applicant has previously received a custodial sentence Yes No

5. Case category Please say how many charges have been brought against the applicant under each of the following categories:
e.g. for two charges of assault - Assault

<input type="checkbox"/> Assault	<input type="checkbox"/> Attempted murder	<input type="checkbox"/> Breach of the peace	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Culpable homicide	<input type="checkbox"/> Drugs offences	<input type="checkbox"/> Embezzlement	<input type="checkbox"/> Fraud
<input type="checkbox"/> Housebreaking	<input type="checkbox"/> Murder	<input type="checkbox"/> Police (Scotland) Act	<input type="checkbox"/> Possession of offensive weapon
<input type="checkbox"/> Road traffic	<input type="checkbox"/> Sexual offences	<input type="checkbox"/> Theft of motor vehicle	
<input type="checkbox"/> Theft	<input type="checkbox"/> Robbery	<input type="checkbox"/> Other (specify)	<input type="text"/>

6. Names of any co-accused

7. Has the applicant previously applied for legal aid in this case? Yes No

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

Please explain why another application for legal aid is now being made:

8. Has the applicant any rights or facilities which might assist in the defence of this case? 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.

PART C - FINANCIAL STATEMENT

The court 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 or anyone else, but you should say if someone is getting a state benefit for you.

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>	£.....

WEEKLY INCOME (from all sources)

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

TOTAL WEEKLY INCOME

£.....

WEEKLY PAYMENTS DUE BY APPLICANT

22. Rent or board and lodgings	£.....
23. Mortgage (including any endowment or life policies linked	£.....
to the mortgage)	£.....
24. Council Tax/Community Charge	£.....
25. Maintenance paid to	£.....
(name)	£.....
(name)	£.....
26. Other payments due to be made <i>Say what these are</i>	£.....
a.	£.....
b.	£.....

TOTAL WEEKLY EXPENDITURE

£.....

PERSONS DEPENDENT ON APPLICANT

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

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 named below to act for me.

Signature of applicant _____ Date signed _____

PART E - 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	
Address	
Postcode	DX no/exch

DECLARATION BY SOLICITOR

5. I am giving criminal legal aid until this application is determined, by virtue of the automatic legal aid provisions of section 22 of the Legal Aid (Scotland) Act 1986. Yes No

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

.....
Signature of solicitor
.....
Date

PART F - DECISION OF COURT

- Legal aid granted for solemn proceedings
- Legal aid granted under section 23(1)(b)
Summary proceedings, where, following conviction, the court is considering a first custodial sentence for the applicant
- Legal aid granted under section 30(1)
Contempt of Court proceedings
- Legal aid refused

Clerk of Court _____ Date of Decision _____