

All questions must be completed for your form to be processed. If there are any questions in this form that are not applicable, please write 'N/A' in the box provided or 'NOT KNOWN' if you do not have the answer.

KEY TO SYMBOLS



indicates the next question you should answer



further information or examples on a specific question are provided



you should sign the form here

2 Is any of the property exempt in full, or in part, by virtue of Regulation 16(2), and to what extent?

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3 Who holds the property?

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4 If your applicant does not hold the property, please explain why not?

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5 What reasonable steps have been taken to implement any agreement or order? If none have been taken, please explain.

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1 Limit of authorised expenditure

£

2 Please provide details of the total fees and outlays claimed (including VAT).

a) Fees £

b) Outlays £

c) VAT £

d) Total £

3 a) With reference to Section 12(3) of the Legal Aid (Scotland) Act, please provide details of the amounts the solicitor has deducted from the total at 2(d).

Contribution

£

Expenses

£

Property recovered or preserved

£

b) Please give details of the amount to be claimed from the Fund.

£

SECTION E

GRAVE HARDSHIP OR DISTRESS CAUSED TO THE APPLICANT

i Under Regulation 16(3)(a) payment of the solicitor's fees should be made out of the property recovered or preserved unless payment out of the property would cause grave hardship or grave distress to the applicant.

1 If some or all of the solicitor's fee was paid out of the property recovered or preserved, how would the applicant suffer grave hardship or distress?

2 How much of the payment will cause grave hardship or grave distress?

i For example, a proportion of the cost or loss of a particular item.

REMEMBER

SECTION F

FINANCIAL CIRCUMSTANCES

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Please continue any answer on a separate sheet, if necessary.

- 1 Have there been any changes in the applicant's financial circumstances during the conduct of the case? If yes, please give full details.

Three empty text boxes for providing details of financial changes.

- 2 Please give details of the applicant's outstanding debts in relation to essential living costs – for example, rent, council tax, utility company arrears.

Three empty text boxes for providing details of outstanding debts.

SECTION G

DECLARATIONS

Applicant's Declaration

I apply to the Board for authority not to make me pay my solicitor's fees and outlays out of the money or property I have won or kept. The reasons for this request are explained on this form, and it shows whether my request relates to the whole of my solicitor's fees and outlays or only part of them. I certify that the information given in this application is to the best of my belief and knowledge true and correct.

Signature of applicant

Empty box for applicant's signature.

Date

Date input fields: DAY (two boxes), MONTH (two boxes), YEAR (four boxes).

Solicitor's Declaration

For the stated reasons, I now apply to the Board for authority not to enforce, to the extent set out in this form, payment of my fees or outlays out of the money or property recovered or preserved for my client. I certify that to the best of my knowledge and belief that the information is correct.

Signature of solicitor

Empty box for solicitor's signature.

Date

Date input fields: DAY (two boxes), MONTH (two boxes), YEAR (four boxes).

Data Protection Act 1998 – Access to Personal Data

The personal information provided by you or on your behalf will be used in accordance with the Data Protection Act 1998 and for the purpose of the Board's functions under the Legal Aid (Scotland) Act 1986. You have the right to make a formal request in writing to see the personal information we hold about you, to inspect it and to have it corrected if it is wrong. The Board may receive information about you from certain third parties (for example, some government departments and agencies), or give information to them. However, we will not pass on information about you unless the law allows us to do so.

SECTION H

MORE INFORMATION

Please provide any further information required here. Where you are continuing an answer, please state the question number and provide any further information.

| SECTION | QUESTION | INFORMATION |
|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |
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