



Civil and children's advice and assistance/ ABWOR - Legal Aid Online Client Mandate Form

AA/LAO/CIV

Use this form where you are making an advice and assistance application using Legal Aid Online. Remember that you are responsible for completing the application form and should ensure all information required is provided. Use AA/LAO/CRIM for criminal advice and assistance/ABWOR.

Revised June 2011

* - denotes a mandatory field online

SECTION A - KEY DETAILS

Solicitor's name

Applicant's personal identifier

Applicant's details: Title

*Full name

*Applicant's date of birth

Applicant's National Insurance number:

*Gender Male Female

If no National Insurance number are they:

Asylum Seeker Child In prison serving a sentence In prison on remand Other Details:

Applicant's address

Does the applicant have a representative? Yes No

Representative's capacity: Guardian Curator ad litem Other (specify):

Representative's title, forename and surname

If the application was made in the applicant's absence, please explain why?

Representative's address

Case details: *Category code(s):

*Subject matter:

Diagnostic advice and assistance

Has the applicant previously received diagnostic advice and assistance on this topic? Yes No

If yes, give details:

Is the applicant seeking standard advice and assistance? Yes No

If yes, give details:

Was standard advice and assistance granted by telephone? Yes No Date of grant:

Standard advice and assistance - ABWOR? Yes No If yes, details:

Standard advice and assistance - Has the applicant previously received advice on this matter from ANY other solicitor?

Yes No If yes, details:

All advice and assistance - Does the applicant have other rights or facilities that might fund case? Yes No

Details:

Financial Details (not required if ABWOR-mental health (MENO), Hague Convention (HAG) or reciprocal enforcement(RENF))

Does the applicant have a spouse/partner? (who is not subject to the regulatory exemptions) Yes No

How many dependents does the applicant have?

Partner's details: *Full name

If no National Insurance number are they:

Partner's date of birth:

Asylum Seeker Child In prison serving sentence In prison on remand Other Details:

Partner's National Insurance number:

Do you or your partner hold any money, savings, land or property, investments, valuable assets or capital? Yes No

Applicant £ Spouse/Partner £

Total capital allowances £

Disposable capital (Total capital - allowances) £

Please remember that the following or similar items can be considered as capital:

- money in the bank, building society, post office, premium bonds, national savings certificates;
- investments (shares and bonds etc);
- the net value of any land and buildings owned, other than my main home, including interests in timeshares;
- money that can be borrowed against insurance policies;
- the value of other non-essential possessions such as boats, caravans, second cars, jewellery (excluding wedding or engagement rings), or antiques etc;
- money owed to me or my partner;
- money due from a will or trust fund;
- the net value of any business assets;
- redundancy payments.

Do you or your partner receive any of the following passported benefits?

(Indicate who receives the benefit by ticking either the applicant or the partner box)

Income Support

Applicant

Partner

Yes No

Yes No

Income-related Employment and Support Allowance

Yes No

Yes No

Income-based Jobseeker's Allowance

Yes No

Yes No

If employed, applicant's employer's name	Address City	Postcode
Does the applicant receive a non-passport benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:	If not employed or in receipt of benefits, does the applicant have: Nil Income <input type="checkbox"/> Other <input type="checkbox"/> Details:	
Total weekly income from all sources <input type="checkbox"/> nil	£	
Income allowances <input type="checkbox"/> nil	£	
Does the applicant pay maintenance? <input type="checkbox"/> nil	£	
Total allowances <input type="checkbox"/> nil	£	
Disposable weekly income <input type="checkbox"/> nil	£	
Contribution due: Diagnostic <input type="checkbox"/> nil or £	Standard <input type="checkbox"/> nil or £	
*What documentary evidence have you seen of income and capital?		

SECTION B - CHECKLIST OF OTHER INFORMATION YOU MAY REQUIRE TO COLLECT

Add further information here (use this space to record any additional info such as correspondence address or additional employer details)

SECTION C - EQUALITY - FOR NEW CLIENTS - GIVE CLIENT EQUALITY CARD

Q1 Did not answer Q2 Ethnic origin Q3: Disability Yes No Did not answer

SECTION D - DECLARATION BY APPLICANT

Initial Expenditure Sought £95 £180

- I declare that my application will be made electronically by my solicitor and the information given in this application is, to the best of my knowledge and belief, correct.
- I agree to the Scottish Legal Aid Board making enquiries of any person or bodies including my solicitor, my employer, my bank, the Department for Work and Pensions and HM Revenue and Customs in relation to this application. I authorise those persons or bodies to provide the information required by the Board.
- I understand that I may have to pay for my advice and assistance from any money or property that I get or keep, if my contribution and any expenses recovered are less than my solicitor's charges.
- I consent to the disclosure of the application, associated documentation and my case file held by my solicitor for quality assurance purposes including peer review and stage reporting, at any stage during or after the proceedings.
- For civil cases** - If I am applying for approval to move from diagnostic advice and assistance to full advice and assistance, and this is granted, I understand that I may have to pay a contribution assessed and shown at Section A instead of any contribution for diagnostic advice and assistance.
- The Scottish Legal Aid Board is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see the Board's website or contact the Board.
- I confirm that, when providing details of any capital or savings I may have, I have considered the list of items in Section A which can be considered as capital.

*Signature of applicant/representative *Date

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 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.

*Signature of solicitor *Date of grant