



CIVIL LEGAL AID - Legal Aid Online Mandate Form

CIV/LAO

Revised March 2011

Use this form where you are making a civil legal aid application using Legal Aid Online. Remember that you are responsible for completing the application form and should ensure you provide all information required, and that you hold a copy of this Mandate Form on your file. (* denotes a mandatory field online)

SECTION A - KEY DETAILS

Solicitor's name and firm

Category codes

Has the applicant been given advice and assistance for this matter? Y N A&A ref no

Applicant's title Applicant's full name Applicant's date of birth

Applicant's address

Applicant's National Insurance number: Gender Male Female

If no National Insurance number are they:

Asylum Seeker If asylum seeker, has evidence of NASS payment been seen? Yes No

Child In prison (No immediate access to number) Other Details:

Can we telephone the applicant during the day to discuss the application? (If Y give number) Y N

Does applicant have a representative? Y N If Y, representative's capacity: Guardian Curator ad litem Other (specify here)

Representative's title and full name

Representative's or correspondence address

If applicant lives abroad, has the application been sworn in terms of regulation 5(2)? Yes No N/A

Has the applicant already had special urgency cover for this matter? Y N Ref no not known
Ref no:

SECTION B - OTHER INFORMATION YOU MAY HAVE TO COLLECT

Does the applicant have any other source of assistance for this case? (non-family only) Y N

If yes, what is this assistance?

What financial assistance can they offer? If this help not been taken up or it is not available in this case, tell us why?

SECTION C - FOR THE APPLICANT: FINANCIAL ASSESSMENT FORM 1 DETAILS

Do you or your partner receive any of the following benefits:

Income Support Yes No

Income-related Employment and Support Allowance Yes No

Income-based Jobseeker's Allowance Yes No

If you are not the person claiming the benefit, give the following information about that other person - for example, your partner:

Full name Date of birth: National Insurance number: If no National Insurance number are they:
• Asylum Seeker If asylum seeker, has evidence of NASS payment been seen? Yes No
• Child In prison Other

Do you or your partner receive any money from any other source? Yes No State what this is/these are How much is received in total? How often is this paid?

Do you or your partner hold any money, savings, land or property, investments, valuable assets or capital? Yes No What is this? (If land or property, please provide the full postal address)

Total amount

Are you applying on behalf of a child under the age of 16 years? Yes No Does the child receive any income? Yes No Is any money, savings or capital etc held by, or on behalf of, the child? Yes No

SECTION C - APPLICANT'S OR REPRESENTATIVE'S DECLARATION

- I understand that my application will be made electronically by my solicitor and I declare that the information given in this application or to my solicitor is, to the best of my knowledge and belief, correct. I understand that if I give false information I may be prosecuted.
- Where I have asked my solicitor to do special urgent work for me, I understand that the Scottish Legal Aid Board may ask me to pay a contribution towards the cost of that work. I will pay the Board that sum. I agree to give the Board any further information requested to allow calculation of the correct contribution. I understand that if I do not provide the information requested I may have to pay the Scottish Legal Aid Board for the cost of the special urgent work.
- 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 have been given a copy of the booklet "Civil legal aid - information for applicants".
- I understand that I must inform the Board immediately if any information given in this application changes, such as:
 - if my disposable income increases by £500 or more or decreases by £200 or more during the period of my assessment.
 - if my capital increases by £500 or more during the period of assessment or the lifetime of the court case - whichever is the longer
 - of any changes in benefit during the period of assessment.

I understand that the period of assessment for income is the twelve month period from the date the Board receives my legal aid application and for capital is the twelve month period from the date the Board receives my application or as long as the case lasts whichever is longer.
I understand that I must also provide this information about changes in my partner's financial circumstances where his/her details have been given in this application.
- I agree 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.
- **My signature in this mandate is also my signature to the statutory statement being made online on my behalf.**
- 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.

Signature of applicant/representative

Date

YOUR PARTNER'S DECLARATION (ONLY COMPLETE THIS SECTION IN CASES WHERE AN ONLINE FINANCIAL ASSESSMENT FORM 1 IS BEING COMPLETED)

Note: If you are the partner of the person named as the applicant for legal aid on this form, you must sign the following declaration and authority.

If you knowingly make a false statement you may be prosecuted.

- I certify the information given in this application form is to the best of my belief and knowledge true and correct.
- I consent to the Scottish Legal Aid Board making enquiries of any person or bodies as it may consider necessary, including my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs in relation to this application. I authorise those other persons or bodies to provide the information the Board requires.

Signature of applicant's partner

Date

SOLICITOR'S DECLARATION FOR INITIAL APPLICATION, SANCTION, AMENDMENT, STAGE REPORT OR SPECIAL URGENCY COVER

- (a) Any opinion expressed in the application represents my professional opinion.
- (b) I consent to the disclosure of the application, associated documentation and client case file for quality assurance, including peer review and stage reporting purposes, at any stage during or after the proceedings.

Signature of solicitor

Date

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

Q1 Did not answer Q2 Ethnic origin Q3 Disability Y N Did not answer

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.