



Application for Civil or Childrens' Advice & Assistance/ABWOR



AA/APP/CIV

REVISED 04/05

USE THIS FORM FOR APPLICATIONS IN CHILDRENS' AND CIVIL (DIAGNOSTIC AND FULL ADVICE) MATTERS ONLY. USE FORM AA/APP/CRIM FOR CRIMINAL MATTERS. USE OUR GUIDANCE TO HELP YOU COMPLETE THIS FORM – AVAILABLE ON OUR WEBSITE

REMEMBER

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. Use the current Keycard to help you complete the form – available on our website www.slab.org.uk

SECTION A

SOLICITOR ACTING FOR THE APPLICANT

1 Practitioner's code number

2 Firm's code number

3 Branch code

ADDRESS AND POSTCODE

DX/LP NUMBER RANGE

YOUR TELEPHONE

4 YOUR INTERNAL REFERENCE NUMBER

5 SOLICITOR'S NAME

FIRM'S NAME

SECTION B

THE APPLICANT

i If you are quoting the personal identifier, the questions marked **i**, should be completed, and the format that has changed from the last application.

1 What is the Increase reference number? **i** (Leave the reference we gave you if this increase has previously been dealt with by phone or fax.)

2 Applicant's personal identifier (PI)

3 Applicant's National Insurance number LETTER NUMBERS LETTER

This **must** be given if the applicant is receiving benefits

4 Mr Mrs Miss Ms Other:

5 Applicant's forename

6 Applicant's middle name(s)

7 Applicant's surname

8 Male Female

9 Applicant's surname at birth (if different from surname above)

10 Other name by which the applicant is known

11 Marital status Single Married Widowed Divorced Other

12 Place of birth TOWN OR CITY

13 Maiden surname of applicant's mother

14 Applicant's date of birth
DAY MONTH YEAR

15 Applicant's age last birthday THIS AGE IS ESTIMATED

16 Applicant's usual home address

i The Board may have to write to the applicant. If you do not want this address disclosed, please complete Question 18 overleaf.

HOUSE NUMBER/NAME AND STREET

TOWN

COUNTY POSTCODE

COUNTRY

SECTION B (CONTINUED)

THE APPLICANT

17 Name and address for correspondence.

If the applicant does not wish mail to be addressed using the name(s) and/or address above, please state here how mail should be addressed. For example, you may wish to use your solicitor's address.

TITLE FORENAME

SURNAME

HOUSE NUMBER/NAME AND STREET

TOWN

COUNTY POSTCODE

COUNTRY

18 Is this application being made in the applicant's absence by a representative who is acting on their behalf eg. mother or guardian?

Yes No ➡ go to Question 19.

If Yes, what is their capacity or relationship to the applicant?

Why is the applicant absent from making this application?

Please complete the form giving the details of the applicant.

19 Representative's name and address

NAME OF PERSON/ORGANISATION AND ADDRESS

COUNTRY POSTCODE

SECTION C

EQUALITY

Give the applicant the equality card and write in the answers they give you.

1 Applicant did not answer 2 Ethnic origin: Part A Other: Part B Part C Other:

3 Disability:

SECTION D

SUBJECT MATTER OF THE APPLICATION AND ASSISTANCE

1 What type of case is this application about? Civil – diagnostic Civil – full advice Children

2 Category Code Primary Secondary

3 Subject matter

4 Is ABWOR (assistance by way of representation) to be given?

Yes No

5 Has the applicant any rights or facilities which might fund this case?

Yes No ➡ go to Question 8.

6 If Yes, provide details and explain why an application for legal aid has been made.

DIAGNOSTIC ADVICE AND ASSISTANCE

7 If applying for diagnostic advice and assistance – has the applicant previously received this from any solicitor in the past 3 months?

Yes ➡ go to Question 10. No ➡ go to Section E.

8 If providing diagnostic advice and assistance – are you now seeking authority to provide full advice and assistance on this matter?

Yes ➡ go to Question 10. No ➡ go to Section E.

FULL ADVICE AND ASSISTANCE

9 If applying for full advice and assistance – has the applicant previously received full advice and assistance from any solicitor on this matter?

Yes ➡ go to Question 10. No ➡ go to Section E.

10 If you answered Yes at question 8 or 9, explain here why further advice and assistance is required. Board approval must be obtained before giving any further advice and assistance.

If there is insufficient space here, please attach a separate sheet or letter giving a full explanation.

SECTION J

EARNINGS

If the applicant and/or partner does NOT receive EARNINGS income, go to Section K.

1 What evidence has been produced as proof of income from employment?

Applicant: Pay slip P60 None Other (please specify) _____
 Partner: Pay slip P60 None Other (please specify) _____

2 If the applicant's partner does NOT have income from employment go to Question 5.

Please provide details of the applicant's partner, who receives employment income (if known).

Partner's name _____

Partner's date of birth DAY MONTH YEAR Partner's National Insurance number LETTERS NUMBERS LETTER

Is the partner's address the same as the applicant's address?

Yes No

If No, what is the partner's address?

3 Give the name and address of the applicant's main employer(s).

NAME OF PERSON/ORGANISATION _____
 ADDRESS _____

4 If the applicant's partner has employment income, give the name and address of the partner's main employer.

NAME OF PERSON/ORGANISATION _____
 ADDRESS _____

SECTION K

ELIGIBILITY ON DISPOSABLE INCOME

If applying for diagnostic advice and assistance, please also calculate and state the contribution due for full advice and assistance. If approval for full advice and assistance is subsequently applied for and granted, the full contribution will be incurred, instead of the diagnostic contribution.

1 To the nearest pound, provide the total weekly income from all sources (less income tax and National Insurance contributions) for the:

Applicant £ _____
 Partner £ _____
 Total income £ _____

2 Deduct all contributions due for any dependants and any maintenance paid

Partner £ _____
 Dependants £ _____
 Dependants £ _____
 Maintenance £ _____
 Total £ _____

3 Total disposable income £ _____

4 What is the contribution due – diagnostic advice and assistance £ _____

5 What is the contribution due – full advice and assistance £ _____

NOTES ON THE INCOME STATUS OF APPLICANTS AND PARTNER/S. THESE WILL BE CARRIED OUT. APPLICANTS WHO HAVE MISREPRESENTED THEIR POSITION MAY BE PROSECUTED.

SECTION L

DECLARATION BY APPLICANT

I declare that the information given in this application is true and correct to the best of my knowledge and belief. 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 of Work and Pensions or the Inland Revenue to provide such information as may be required by the Board.

I understand that any money or property, which is recovered for me, may be subject to deduction if my contribution and any expenses recovered (if any) are less than my solicitor's charges. In civil matters, I also consent to the disclosure of this application and associated documentation for quality assurance purposes and stage reporting.

Signature of applicant/authorised person _____

Date DAY MONTH YEAR

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 M

ADVICE AND ASSISTANCE INTIMATION

1 The initial limit of expenditure applicable is £35 – Diagnostic £85 £160

2 a) I hereby grant the application and from the date below I have begun to give advice and assistance.

b) As the applicant previously received advice and assistance in respect of this matter I now request the Board's authority to give further advice and assistance.

3 I have seen documentary evidence as described in the financial sections and can confirm that I am satisfied that the client is eligible to receive advice and assistance.

I have not seen documentary evidence to support the information contained in the financial section, but I can confirm that I am satisfied that the client is eligible to receive advice and assistance.

SECTION N

DECLARATION BY THE SOLICITOR

Having considered all the information provided to me by the applicant and all matters that I am obliged to consider under the Legal Aid (Scotland) Act 1986 and the regulations made under that Act, I am satisfied that the applicant is eligible to receive advice and assistance in relation to this matter.

Signature of Solicitor _____

Date DAY MONTH YEAR