Civil Legal Aid
Legal Aid Online Declaration

Insert subject matter:

June 2022
CIV/SOL

This Declaration must be completed and signed by the solicitor, the applicant and where applicable, the partner. The information contained in this form will be entered into Legal Aid Online. Remember that you are responsible for completing this form and should ensure all information required is provided, the declaration sections are signed and that you hold a copy of the fully completed Declaration form on your file.

A. Applicant details

Forename:

Surname:

Date of birth (dd/mm/yyyy):

Contact telephone number:

Contact email address:

Contact by email? ☐

National Insurance number:

If no NI number, is your client: ☐ a child ☐ a person seeking asylum ☐ other

If 'other' please explain why they do not have a NI number:

Home address:

Correspondence address:

Postcode:

Postcode:

Does your client have any communication support needs?

Telling us about your client's communication needs will help us to communicate with them in the right format. When writing and/or speaking to your client we will consider all reasonable adjustments and requests for communication support.

Please tick all services required from the list below:

- ☐ none/no support needed
- ☐ spoken language translation or interpreter
- ☐ British Sign Language (BSL)
- ☐ other—provide details below
- ☐ audio
- ☐ large print
- ☐ braille

In the freetext box below please also provide further information. For example, tell us:

- if your client's support need(s) are needed when communicating in writing and/or when speaking with us
- if your client needs other communication support not listed
- the language needed or font size required

Applicant/client equality information

Please ask your client to complete the equality information. We collect this information to monitor equality of access. It is important you complete the equality questions because the answers:

- give us the data we need to make important decisions about the legal aid system
- help us design and deliver our services to people who apply for legal aid.

What is your client's sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

Disabilities

Does your client have any of the following which have lasted, or are expected to last, at least 12 months?

The Equality Act defines disability as: *"a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out day-to-day activities."*

Select all that apply:

- ☐ **Deafness or partial hearing loss**
- ☐ **Blindness or partial sight loss**
- ☐ **Full or partial loss of voice or difficulty speaking:** a condition that requires your client to use equipment to speak
- ☐ **Learning disability:** a condition that your client has had since childhood that affects the way you learn, understand information and communicate
- ☐ **Learning difficulty:** a specific learning condition that affects the way your client learns and processes information
- ☐ **Development disorder:** a condition that your client has had since childhood which affects motor, cognitive, social and emotional skills, and speech language
- ☐ **Physical disability:** a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
- ☐ **Mental health condition:** a condition that affects your client's emotional, physical and mental wellbeing
- ☐ **Long-term illness, disease or condition:** a condition, not listed above, that your client may have for life, which may be managed with treatment or medication
- ☐ **Other condition:** please write in below:

  ☐

- ☐ **No known conditions**
- ☐ **Prefer not to say**

National identity

What does your client feel is their national identity? Select all that apply:

- ☐ **Scottish**
- ☐ **English**
- ☐ **Northern Irish**
- ☐ **Welsh**
- ☐ **British**
- ☐ **Other:** Please write in:

  ☐

- ☐ **Prefer not to say**

Ethnic group

What is your client's ethnic group?

White

- ☐ White Scottish
- ☐ White Other British
- ☐ White Irish
- ☐ White Polish
- ☐ White Gypsy/Traveller
- ☐ White Roma
- ☐ White Showman/Showwoman
- ☐ Other white ethnic group: please write in

Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic groups, please write in:

Asian, Scottish Asian or British

- ☐ Pakistani, Scottish Pakistani or British Pakistani
- ☐ Indian, Scottish Indian or British Indian
- ☐ Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- ☐ Chinese, Scottish Chinese or British Chinese
- ☐ Other: please write in

African, Scottish African or British African

- ☐ Please write in: (for example, Nigerian, Somali)

Caribbean or Black

- ☐ Please write in: (for example, Scottish Caribbean, Black Scottish)

Other ethnic group

- ☐ Arab, Scottish Arab or British Arab
- ☐ Other: please write in (for example, Sikh, Jewish)
- ☐ **Prefer not to say**

Care Experience

Is your client currently, or has your client ever been, 'looked after' by a Local Authority, including continuing care to age 21? By 'looked after' we mean any of: subject to a supervision order with no condition of residence; with foster carers, in a residential care home, in a residential school or a secure unit.

Which of the following apply to your client?

- ☐ **Currently 'looked after' by Local Authority**
- ☐ **Have previously been 'looked after' by Local Authority**
- ☐ **Never been 'looked after' by Local Authority**
- ☐ **Prefer not to say**

B. Other rights and resources

Does your client have access to other assistance providing help with legal costs?

☐ Yes ☐ No

If answered 'No' go to Section C.

If 'Yes', what is this assistance?

☐ an insurance policy ☐ trade union membership ☐ trust fund ☐ other

If this assistance/help cannot be used for this case tell us why not:

C. Financial details Passported benefits only (all other applicants must complete Form 2)

Does your client live with a spouse/partner? ☐ Yes ☐ No

If 'Yes', do they have a contrary interest ? ☐ Yes ☐ No

Where a spouse or partner does not have a contrary interest in the matter (e.g they have a spouse/partner and they wish the same outcome of the proceedings as your client) the resources of that spouse/partner must also be taken into account when assessing financial eligibility.

Does your client or their partner receive any of these benefits?

	Client	Partner
Income Support	☐	☐
Income-based Jobseeker's Allowance	☐	☐
Income-related Employment and Support Allowance	☐	☐
Universal Credit	☐	☐

Does your client or their partner have income from another source?

Other income	How much?	How often?
	£	
	£	
	£	

Applicant s declaration and Authority

Please read each of the following statements carefully and ask your solicitor to explain anything you do not understand before signing this declaration

- ⇒ This is a true statement of my personal and financial circumstances.
- ⇒ I understand that if I give false information to the Scottish Legal Aid Board ("SLAB"), I may be prosecuted.
- ⇒ I understand that SLAB can make any enquiries and get any information it needs to deal with this application.
- ⇒ I agree to SLAB obtaining and/or checking information with others such as my employer, banks, credit reference agencies, the Department for Work and Pensions and HM Revenue and Customs and I authorise those people/organisations to provide the information they are asked for.
- ⇒ I understand that I must tell you immediately if there are any changes in my or my partner's financial circumstances including a change in benefits. Failure to notify changes may lead to my legal aid being revoked and I may be prosecuted. I may also be liable to pay the costs of my case.
- ⇒ If my solicitor does special urgency work for me I know that SLAB may need me to pay a contribution towards that work. I agree to pay any contribution assessed by SLAB on the information I have provided. I agree to give SLAB all the information it requires to calculate any contribution. I accept that if I do not give the information SLAB requires I may have to pay for all the specially urgent work done and not simply a contribution.
- ⇒ I agree to the disclosure of the application, associated documentation and my case file held by my solicitor, to SLAB for audit and/or quality assurance.
- ⇒ SLAB may use the information I or my solicitor have provided on this form, or otherwise provide, for the prevention and detection of fraud.
- ⇒ SLAB may share this information with other bodies responsible for auditing or administering public funds for these purposes. I consent to SLAB disclosing my personal data to other organisations.
- ⇒ I agree that all of the above consents and agreements will be effective for a period of not less than five years from the date of signature and any further reasonable period thereafter as SLAB considers appropriate for their requirements.

Important information about your personal data

The Scottish Legal Aid Board (SLAB) is a data controller. The personal information provided by you will be used in accordance with the General Data Protection Regulation 2016 and for our functions under the Legal Aid (Scotland) Act 1986. SLAB 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 or requires us to do so. We will retain the personal information we hold about you in accordance with the requirements of our retention schedule then destroy or delete it in a secure manner.

Under the General Data Protection Regulation 2016 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. In addition you may also have rights to have your data erased or have your data moved. You may be able to object to processing if you believe it to be unlawful and subject to lawful restrictions. Where SLAB are responsible for unlawfully processing or disclosing your personal data and it is likely to cause a high risk to your rights and freedoms we will make you aware of this. To request your personal data you should write to SLAB's Data Protection Officer.

If you are unhappy with the response you get from the Data Protection Officer and wish to complain you should write to the Director of Corporate Services and Accounts.

Signature of applicant/representative: **Date:**

Solicitor s Declaration

⇒ I consent to the disclosure of the application, associated documentation and client case file for quality assurance including audit and peer review, at any stage.

⇒ I accept responsibility for any act or omission in relation to the completion and submission of the application on Legal Aid Online ("LAOL") by me or on my behalf and confirm that all information contained within this declaration will be submitted fully and accurately in the online application.

⇒ I will retain this signed, completed document in paper form or electronically (see LAOL Terms and Conditions for more details) and will send it to SLAB upon request.

Signature of solicitor: **Date:**

Partner s declaration (complete where an online Form 1 will be completed)

Spouse/partner name:

Date of birth (dd/mm/yyyy):

NI Number:

If no NI number, are they: ☐ a child ☐ a person seeking asylum ☐ other

If 'Other' please explain why they do not have a NI number:

Please read each of the following statements carefully and ask your solicitor to explain anything you do not understand before signing this declaration

⇒ I have seen the financial information in this application.

⇒ This is a true statement of my personal and financial circumstances.

⇒ I understand that if I give false information to the Scottish Legal Aid Board (SLAB), I may be prosecuted.

⇒ I agree to SLAB checking these facts with others such as banks, credit reference agencies, the Department of Work and Pensions and HM Revenue and Customs and I authorise those people/ organisations to provide the information they are asked for.

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Signature of applicant's partner: **Date:**