



Summary Criminal Legal Aid

Legal Aid Online Declaration

April 2018

LAO/CRIM

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. The Applicant

Forenames:

Surname:

Date of birth:

National Insurance number:

If no NI number, are they: a child an asylum seeker other

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

Usual home address: Postcode:

B. The Case

Category: Date proceedings commenced:

Date not guilty plea tendered: NGP entered by Duty solicitor: Yes No

PF reference number (e.g XX08123456):

C. Applicant's circumstances

Any rights or facilities which might fund this case (insurers, employers, trade unions etc)?
 Yes No If 'Yes', details:

Is the applicant currently remanded in prison or serving a custodial sentence? Yes No

Is the applicant living with a spouse or partner? Yes No If 'Yes', do they have a contrary interest in the case? Yes No

If contrary interest, the partner is: Complainer Co-accused Other Crown witness

If you have a contrary interest you do not need to fill out the rest of Section C

Does the spouse/partner have a net income (earnings and benefits) in excess of £222 per week? Yes No

Spouse/Partner Forename: Spouse/Partner surname:

DOB: NI number:

How many dependants, currently living with the applicant (excluding any spouse/partner), does the applicant have?

How many dependants, not currently living with the applicant, does the applicant have?

D. All bank accounts held by the applicant (including savings account)

Bank/building society name	Name of account holder	Account number (last four digits only)	Type of account e.g current, deposit, ISA	Current balance
				£
				£
				£
				£

E. Capital/assets held by the applicant

***For detailed information and correct allowances, use the [Handbook](#) for sections E-G**

Does the applicant have any capital? Yes No *If 'Yes', give details below.*

Cash (coins, banknotes, cheques): £ Money in bank/building society/post office/credit union: £

Value of land/buildings owned (other than applicant's main house/land): £

Address of other property:

Outstanding value of mortgage/loan secured over other property/land: £

Investments (shares, bonds, ISAs) £ Where shares/bonds held:

All other capital assets: £

F. Income details (weekly amounts)

Does the applicant have any income? Yes No

If none, how are they supported?

If you stated the applicant has an income, give details:

Passport benefits (verifiable by SLAB) - please tick if applicable

Income Support	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>

If in receipt of any of the above passport benefits go to Section H

Non-passport benefits and other benefits (not verifiable by SLAB) - please tick if applicable

Contribution-based Jobseeker's Allowance	<input type="checkbox"/>
Incapacity	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>
Personal Independence Payment	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>

Other:	£	please specify:	
Pay or sick pay (net):	£		
Employer(s) Name and Address:			
Self employed/ partnership income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', give weekly amount (applicant's latest business account/bank statement must be submitted)	£
Business Name, Nature of business and Address:			
Private pension:	£	Name of pension provider (if applicable):	
Student loan/bursary:	£	Name of provider (if applicable):	
Money from all other sources:	£	Details of money from other sources:	

G. Payments being made by Applicant (weekly amounts)

Does the applicant make any payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If 'Yes', give details below.</i>	
Rent/board and lodgings:	£	Organisation/ person paid to:	
Mortgage (including endowment or life policies linked to the mortgage):	£	Organisation paid to:	
Council Tax:	£		
Does the applicant have loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loan provider(s) name and amount:	
Childcare payments:	£	Maintenance paid (for children not living with applicant):	£
Car Insurance:	£	Organisation paid to:	
Hire purchase:	£	Organisation paid to:	
Other (payments due to be paid):	£	Details:	

H. Other financial information

Please provide any other information about the applicant's financial situation that you believe we should take into account when applying the financial hardship test.

Equalities—for new clients—give client Equality Card

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

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.
- 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**.....