



Children's Legal Aid

Legal Aid Online Declaration for automatic (Duty), special urgency, children's sheriff court proceedings (inc. Part 4 Orders ACRS Act 2019) and onward appeals to SAC/COS.

August 2022
CHLA/LAO
2011 Act

A. Key details - applicable to all application types

Type of proceedings including the relevant section of the Children's (Scotland) Act 2011:

B. Applicant details

Forename:

Surname:

Date of birth (dd/mm/yyyy):

Contact telephone number: Contact email address:

National Insurance number: Contact by email?

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

C. Applicant assistance

Does your client have access to any other assistance that provides help with legal costs? Yes No

If you have answered 'No' go to Section D.

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:

D. Financial details

You do not need to complete this section if a previous application for Special Urgency has been submitted for this case OR for Sheriff Principal or Court of Session Applications if you had legal aid for Sheriff Court proceedings to the conclusion of the case and circumstances have not changed.

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.

Spouse/Partner forename: Spouse/Partner surname:

DOB: NI number:

How many dependants, currently living with your client (excluding any spouse/partner)?

How many dependants, not currently living with your client?

How many dependants, currently living with your client, does their partner have?

How many dependants, not currently living with your client, does their partner have?

Please give details of your client and/or their partner's bank, building society and post office

Held by (client or partner)	Account number (last four digits only)	Sort Code	Name of bank/building society/ Post Office where accounts are held

E. Capital and any other assets (needed for your client & spouse/partner)

**Please note that at least one form of capital from the following list must be selected*

Do your client have any capital? Yes No

Does your client’s partner have any capital? Yes No

If ‘Yes’ to either of the above questions, give details:

	Client	Partner
Cash (coins, banknotes, cheques)	£	£
Money in banks or building societies	£	£
Value of property owned (other than your main house)	£	£
Address(es) of other property client and/or partner owns:		
Outstanding value of mortgage/loan secured over other property/land	£	£
Investments (shares, bonds, ISAs etc.)	£	£
Names of the companies where shares/bonds are held including share reference etc.		
All other capital assets (e.g boat, caravan, second car, jewellery (not wedding or engagement ring), antiques, money due from will/trust fund/redundancy, cryptocurrency)		

F. Income details (needed for client & spouse/partner) please specify weekly amounts

**Please note that at least one form of income from the following list must be selected*

Does your client have an income? Yes No

Does your client’s partner have an income? Yes No

If client and/or their partner have no income, how are they supported financially?

If client stated they or their partner has an income, give details:

Passport benefits (verifiable by SLAB) - please tick if applicable	Client	Partner
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>

Non-passport benefits and other benefits (not verifiable by SLAB)			
Contribution-based Jobseeker's Allowance		<input type="checkbox"/>	<input type="checkbox"/>
Contribution-based Employment and Support Allowance		<input type="checkbox"/>	<input type="checkbox"/>
Incapacity (not included in income calculation)		<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance (not included in income calculation)		<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment (not included in income calculation)		<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit		<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit		<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit		<input type="checkbox"/>	<input type="checkbox"/>
Other income (please specify)			
Pay or sick pay (net)		£	£
Name and full address of your client's employer			
Name and full address of your client's partner's employer			
Self Employed/Partnership Income (a copy of latest business accounts or bank statement must be submitted in support of the application)		£	£
Business name and address			
Private pension		£	£
Name of pension provider(s) (if applicable)			
Student grant/bursary/loan		£	£
Name of paying organisation(s)			
Money from all other sources (please specify)			

G. Payments made by your client & spouse/partner weekly amounts

*Do not include general living expenses, such as gas/electricity, clothes, petrol, food, as a standard allowance will be given for these items.

Does your client make any payments? Yes No

Does your client's partner make any payments? Yes No

If 'Yes' to either of the above, give details:

	Client	Partner
Rent or board and lodgings	£	£
Organisation/person paid to		

		Client	Partner
Organisation/person paid to			
Council Tax		£	£
Loan amount 1		£	£
Loan provider 1	Client:	Partner:	
Loan amount 2		£	£
Loan provider 2	Client:	Partner:	
Loan amount 3		£	£
Loan provider 3	Client:	Partner:	
Childcare payments		£	£
Maintenance paid (for children not living with your client)		£	£
Existing contributions being paid for Civil and Children's cases		£	£
Other payments due to be paid		£	£
<i>Please specify all other payments:</i>			

H. Other financial information

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

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 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 consider appropriate for their requirements.
- 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.

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:

NB: Where automatic legal aid (duty) is being given to a child, the child's signature is not required.

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: