



# Criminal advice and assistance/ABWOR Legal Aid Online Declaration

August 2022  
AA/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

Forename:

Surname:

Date of birth (dd/mm/yyyy):

Contact telephone number:

Contact email address:

Contact by email?

National Insurance number:

If no NI number, are they:  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:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> none/no support needed                     | <input type="checkbox"/> audio       |
| <input type="checkbox"/> spoken language translation or interpreter | <input type="checkbox"/> large print |
| <input type="checkbox"/> British Sign Language (BSL)                | <input type="checkbox"/> braille     |
| <input type="checkbox"/> other—provide details below                |                                      |

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. The case

Category code(s):  Subject matter:

Date(s) and location(s) of offence(s):

ABWOR:  Yes  No If not ABWOR, is it:  Summary  Solemn

Is the applicant in custody?  Yes  No

Complaint or petition served?  Yes  No

Direct measure issued?  Yes  No

Challenged?  Yes  No

PF reference number or police reference (e.g XX08123456):

Previous A&A?  Yes  No

If yes, reference number:

## C. Applicant's circumstances

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

If 'Yes', give details:

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, partner is:  Complainer  Co-accused  Other Crown witness

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

Spouse/Partner Forename:  Spouse/Partner surname:

DOB:  Partner's NI number:

### NOTE

**\*\*\* Sections D,E and F are not required if ABWOR is for obstructive witness (OBWI), Terrorism (Ter), breach of interdict arrests (BIA) and double jeopardy (DJEP) \*\*\***

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.

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

**D. Capital and any other assets (needed for client & their spouse/partner) for detailed information and correct allowances, use the current [keycard](#).**

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

Does your client have any capital?  Yes  No Does their 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 a will/trust fund/redundancy, cryptocurrency)		

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

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

Client has no income  Their partner has no income

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

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

<i>Passport benefits (verifiable by SLAB) - please tick if applicable</i>	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)	
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**F. Earnings (client & spouse/partner where appropriate) - please specify weekly amounts**

	Client	Partner
Pay or sick pay (net)	£	£
Is client's spouse/partner self employed or a partner in a business? Please specify the weekly drawings.	£	£
Name and full address of client and/or spouse/partner's employers or the name and address of self employed business:		
Money from all other sources (to include who this is paid to and weekly amount)		
Total weekly income from all sources	nil <input type="checkbox"/>	£
Income allowances	nil <input type="checkbox"/>	£
Does applicant pay maintenance?	nil <input type="checkbox"/>	£
Total allowances	nil <input type="checkbox"/>	£
Disposable weekly income	nil <input type="checkbox"/>	£
Contribution due:	Diagnostic nil <input type="checkbox"/> or £	Standard nil <input type="checkbox"/> or £

What documentary evidence was shown to you of client's income and capital?

## 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 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 & client case file for quality assurance including audit & peer review, at any stage.
- I accept responsibility for any act or omission in relation to the completion & submission of the application on Legal Aid Online ("LAOL") by me or on my behalf & confirm that all information contained within this declaration will be submitted fully & accurately in the online application.
- I have satisfied myself that my client qualifies financially for advice & assistance. I have seen either documentary evidence to support my decision or made necessary enquiries with my client to be satisfied they are financially eligible & I have complied with paragraphs 2A(2)(3) of Schedule 2 to the Advice & Assistance (Scotland) Regulations 1996 in relation to verification & otherwise.
- I will retain this signed, completed document in paper form or electronically (see LAOL Terms & Conditions for more details) & will send it to SLAB upon request.

Signature of solicitor:

Date: