Falkland Islands Legal Aid

Form LA4

Application and Claim for Provision of Legal Services:

Civil Advice and Assistance

Section 11 Legal Aid Ordinance 2020

Applicant's Details:

Full name:		
Address:		
Date of Birth:		
Is the Applicant under the age of 18?	No ☐	Yes, age: ☐
Is the Applicant in need of an appropriate adult?	No ☐	Yes, details: ☐
Does the Applicant require a translator?	No ☐	Yes, details: ☐

Legal Practitioner's Details:

Full Name:	
Firm:	
Address:	
Email address:	
Date Legal Practitioner first instructed by the Applicant:	
BASIS OF CLAIM	
In respect of what civil law matter is this application made? *Please provide details*	
OVERVIEW OF CLAIM	
Claim for attendance:	£
Claim for correspondence:	£
Claim for disbursements:	£
Has any required contribution been paid?	☐ No ☐ Yes, amount paid: £
TOTAL CLAIM:	**£** Firm invoice number:

Applicant's Marital Status:	Single ☐	Co-habiting ☐	Married ☐	Civil partner ☐
Spouse's name:				
Spouse's date of birth:				
Spouse's address:				

Income information (Welfare Allowances—per annum)

	Applicant	Spouse
Welfare allowance	£	£
Family allowance	£	£
Attendance allowance	£	£
Rent rebate	£	£
Service Charge rebate	£	£
Working credits	£	£
Childcare credits	£	£
Employment programme	£	£
Winter fuel allowance	£	£
Other:	£	£
Subtotal 'welfare allowances':		

Income information (per annum—non-variable)

	Applicant	Spouse
Income from main employment	£	£
Job title		
Name and address of main employer		
Income from all other employment (please detail separately)		
Names and addresses of all other employers		
Subtotal 'non-variable gross income':		

Income information (per annum—variable (employee))

	Applicant	Spouse
Income from main employment from previous 12 months; **or**	£	£
Income from main employment from previous 3 months; **and**	£	£
Total from Tax Assessment from previous tax year: **or**	£	£
Basic income from main employment (per annum); **and**	£	£
Overtime/unsocial/on-call rate	£	£
Name and address of main employer		
Income from all other employment (please detail separately and specify the period covered)		
Names and addresses of all other employers		
Subtotal ' variable gross income':		

Income information (per annum—self-employed)

	Applicant	Spouse
Total turnover for the last 12 months:	£	£
Total drawings over the last 12 months:	£	£
Total profit over the last 12 months:	£	£
Percentage share of profit:		
Director's salary or remuneration received:		
Total income from share sales:		

Continued….

Income information (per annum—self-employed) *continued*

	Applicant	Spouse
The trading name of the business or partnership:		
In business with anyone else?	No ☐ Yes, details: ☐	No ☐ Yes, details: ☐
The nature of the business:		
How many people work for the business?		
The date when the business began trading:		
Subtotal ' self-employed gross income':		

Income information (per annum—other sources)

	Applicant	Spouse
Income from interest or dividends:	£ £	£ £
Income from rental income/land:	£ £	£ £
Income from pension/annuities:	£	£
Miscellaneous income:	£ £ £	£ £ £
Subtotal ' other source gross income':		

Gross Income—Summary

Gross Income	**Applicant**	**Spouse**
Subtotal 'non-variable gross income'	£	£
Subtotal ' variable gross income':	£	£
Subtotal ' self-employed gross income':	£	£
Subtotal ' other source gross income':	£	£
Gross Income Total	**£**	**£**

Allowances for Family Members

Do you claim the £3,550 allowance for a spouse?	☐ No	☐ Yes
Do you claim a child allowance?	☐ No	☐ Yes
Please provide the date of birth of each child you claim an allowance for:		
Child 1	Date of birth:	Full time education? Yes ☐ No ☐
Child 2	Date of birth:	Full time education? Yes ☐ No ☐
Child 3	Date of birth:	Full time education? Yes ☐ No ☐
Child 4	Date of birth:	Full time education? Yes ☐ No ☐
Child 5	Date of birth:	Full time education? Yes ☐ No ☐
If yes, how many children are resident with you? *(£2,349 for the first child and £1,514 for each subsequent child, up to a maximum of 5 children ie £8,405 in total)*	Child(ren)	Total claimed: £
If yes, how many children are <u>not</u> resident with you? *(whichever is less; a sum equivalent to the sum paid towards the child's maintenance annually or, if no children are resident with you £2,349 for the first child and £1,514 for each subsequent child, up to a maximum of 5 children ie £8,405 in total)*	Child(ren)	Total claimed: £
Subtotal 'allowances—family':	**£**	

Allowances for Housing Costs

Do you pay:	☐ Rent	☐ Mortgage	☐ Other, details:
Monthly amount:			
Subtotal 'allowances—housing':	**£**		

Capital Assets

	Applicant	Spouse
Savings/Shares/investments:	£ £	£ £
Cash or other items of value: *(disregarding any single item of which the value is less than £1,000)*	£ £	£ £
Value of motor vehicle	£ £	£ £
Value of property	£ Address: £ Address:	£ Address: £ Address:
Subtotal Capital Assets:	**£**	**£**
Deductions: (tick as applicable) [1] *The value of one motor vehicle up to £10,000 is disregarded* *[2] *5% is deducted from the market value to account for selling costs. .The value of the equity in the applicant's principal private*	☐ **£10,000 for motor vehicle*[1]** ☐ **5% less from total value. £200,000 for property*[2]**	☐ **£10,000 for motor vehicle*[1]** ☐ **5% less from total value. £200,000 for property*[2]**
Total 'Relevant Capital':	**£**	**£**

	Applicant	**Spouse**
'Gross income total' of		
Less 'Allowances—family' of		
Less 'Allowances—housing' of		
TOTAL RELEVANT INCOME:	**£**	**£**
TOTAL RELEVANT CAPITAL:	**£**	**£**

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Declaration & Authority

I wish to apply for Legal Aid in respect of the matter(s) specified in this application and I also enclose with this application: *(tick as applicable)*

- ☐ Pay slips/statement of earnings
- ☐ Bank statements
- ☐ Business accounts
- ☐ Copy of mortgage statement
- ☐ Copy of Tenancy agreement
- ☐ Property valuation
- ☐ Any other information that may assist the Administrator or Court in assessing relevant income/capital (please specify)

I declare that:

- The information provided in this form and any documents provided in support of my application are true, accurate and complete , to the best of my knowledge and belief.

I understand that:

- It is a criminal offence to provide false or inaccurate information or make a false declaration for the purposes of obtaining Legal Aid
- The Administrator or the court may review the grant of Legal Aid, and vary or terminate any order, require me to make a repayment or increase, waive or reduce a contribution or repayment.

I agree and understand:

- To respond in a timely way to a reasonable request by the Administrator for additional information.
- To notify the Administrator as soon as practicable of-

(a) a change of my address and other contact details; or

(b) a change in my financial circumstances.

- To pay any contribution specified in the order to the legal practitioner and that this is recoverable by the legal practitioner in a court of competent jurisdiction.
- That the Administrator or the court may take into account any failure to comply with these duties when considering whether it is in the interest of justice to grant, vary or terminate legal aid.

Signed Date:

Full name (print)

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Civil Advice and Assistance - Details of Claim

CLAIM FOR ATTENDANCE

Date	Attendance time (hh:mm to hh:mm)	Number of units claimed *(1 unit = 6 minutes)*	Legal Services Provided	Total
TOTAL:			**SUBTOTAL CLAIM: £**	

CLAIM FOR CORRESPONDENCE

Date	Letters Out	Letters in, telephone calls and emails	Total
		SUBTOTAL CLAIM: £	

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CLAIM FOR DISBURSEMENTS

Date	Date Prior Approval Given	Details of Disbursement	Costs Claimed	Direct Payment? (y/n)
		SUBTOTAL: £		

Total of Legal Services:	**£**
Less Contribution of:	**(£)**
Less Direct Payments of:	**(£)**
TOTAL CLAIM FOR PAYMENT:	**£**

[I certify that the assisted person has been sent a copy of the claim and bill of costs and the assisted person has [not] notified me of an intention to make representations regarding the fee.]

I certify that the information provided is correct. This work has not and will not be the subject of any other claim for remuneration for the Legal Aid Fund.

Signed: Date: