Falkland Islands Legal Aid

Form LA5

Application for Legal Aid:

Civil Representation Not Subject To A Means Test

Section 12 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 the subject of proceedings?	No ☐	Yes ☐
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 APPLICATION

The applicant is, or wishes to be a party to proceedings:	☐ *Concerning the wardship of a child;* ☐ *Under Part 4 (care and supervision) of the Children Ordinance 2014;* ☐ *Under Part 5 (protection of children) of the Children Ordinance 2014;* ☐ *Under the Mental Health Ordinance 2010 concerning an application or referral to the Mental Health Tribunal;* ☐ *To examine a witness in an inquest into the death of a child*		
Have proceedings commenced before the court/tribunal?	☐ No	☐ Yes, details:	
Legal Aid is sought for the purpose of: *(including a step in, or process or part of, proceedings for this purpose)*	☐ Initial steps (advice & representation) Pre-court/tribunal work	☐ Representation at proceedings before the court/tribunal	☐ Appeal (initial advice) Appeal (substantive proceedings)

For applications relating to wardship or under part 4 or part 5 of the Children Ordinance:

Name(s) of Child(ren) concerned: *(if not the applicant)*			
Address(es) of the child(ren): *(if not the applicant)*			
Date(s) of Birth: *(if not the applicant)*			
The proceedings are:	☐ Brought	☐ Defended	
Stage of intervention:	☐ Pre-court/ tribunal	☐ Court/tribunal proceedings	Appeal/enforcement of Court/tribunal order
Estimated Costs:			

For applications relating to proceedings under the Mental Health Ordinance 2010:

Type of proceedings:	☐ Patient detained under a Hospital Treatment Order ☐ Nearest relative of patient detained under a Hospital Treatment Order ☐ Appeal against a Hospital Treatment Order ☐ Appeal against a Community Treatment Order ☐ Appeal against revocation of a Community Treatment Order ☐ Renewal of Community Treatment Order ☐ Renewal of Hospital Treatment Order ☐ Proceedings relating to an overseas removal order (part 9) ☐ Proceedings relating to a guardianship order (part 6) ☐ Referral under section 56 ☐ Application under section 57 ☐ Proceedings relating to a transfer order (s58 - 60) ☐ Overseas Removal Order ☐ Variation of an Order made under Part 8
Date first instructed:	

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Legal Services to be provided:	☐ Advice regarding the proceedings (section 12?) ☐ Preparation for Tribunal hearing ☐ Representation in person at the Tribunal ☐ Assistance with obtaining independent expert opinion *(please complete application for prior approval)* ☐ Collection and submission of written evidence to the Tribunal on behalf of the Applicant ☐ Other *(specify)*:
Estimated costs:	

For applications relating to examination of a witness in an inquest into the death of a child:

Name(s) of witnesses to be examined:			
Are they professional witness(es)?	☐ Yes	☐ No	
Is the applicant the:	☐ Parent	☐ Guardian	☐ Other person who has parental responsibility
Legal Services to be provided:	☐ Preparation for examination at Inquest ☐ Representation in person at the Inquest ☐ Other *(specify)*:		
Estimated costs:			

Declaration & Authority

I wish to apply for Legal Aid in respect of the matter(s) specified in this application and 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)