Falkland Islands Legal Aid

Application for Prior Approval (with Means Information)

Form LA8

Section 16 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

This is an application for:	Disbursements ☐	Additional Legal Aid ☐
For the amount of:	£ *(disbursements)*	£ *(additional legal aid)*
In relation to:	Criminal Advice & Assistance ☐ Criminal Representation ☐ Civil Advice & Assistance ☐ Civil Representation ☐	
Legal aid certificate: *(if applicable)*		

Details of request for additional legal aid:

Current certificate/allowable amount:	
Amount of additional legal aid sought:	One hour ☐ Up to two hours ☐ More than 2 hours *(please specify)* ☐
Explain why	

Further Information –Disbursements

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Details of work or Disbursement:

Authority is sought to incur expenditure for: *please provide details about the work or disbursement below the option. Continue on a separate sheet if necessary.*	☐ Instructing and obtaining advice or representation from overseas legal practitioner; ☐ Instructing and obtaining advice from an expert witness or their attendance to give evidence in court; ☐ Travel to a destination outside the Falkland Islands or subsistence or accommodation overseas; ☐ Serving any document or process; ☐ Placing an advertisement in any publication; ☐ Obtaining the services of an interpreter; ☐ Other disbursement in excess of £500 not listed above *(please specify)*;
Details:	
Work or disbursement sought is necessary to the case because:	

Details of Work or Disbursements *continued—Estimate of Fees*

Please provide an estimate of costs in relation to each disbursement requested and attach, where possible, at least 3 quotes from different providers.

Work/Disbursement	**Provider**	**Estimate of Costs**	**Quote provided?** *(yes/no)*

Total request for prior approval for work or disbursements:	**£**

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Further Information— Details of Work Done to Date

DETAILS OF WORK OUTSIDE OF COURT

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

DETAILS OF WORK AT COURT

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

DETAILS OF TRAVELLING/WAITING

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

DETAILS OF ROUTINE CORRESPONDENCE

Date of Correspondence	Type of Correspondence *(letter/email/telephone)*	Sender/Recipient	Total
		SUBTOTAL CLAIM: **£**	

DETAILS OF DISBURSEMENTS

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

Civil Representation - Eligibility Assessment Form LA8

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 £2,600 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 i.e £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':	**£**		

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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:	**£**	**£**

Income & Capital information - Additional

Please provide in this space any further explanation of the income, allowances and capital assets information provided, or any additional information that you would like the Legal Aid Administrator to consider in your application.

Declaration & Authority

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

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)