



# CIVIL LEGAL AID - Legal Aid Online Mandate Form

CIV/LAO  
V2.0

Revised 12/09

Use this form where you are making a civil legal aid application using Legal Aid Online, and seeing a repeat client or a new client. Remember that you are responsible for completing the application form and should ensure you provide all information required, and that you hold a copy of this Mandate Form on your file.

## SECTION A - KEY DETAILS

Solicitor's name

Subject matter(s)

Applicant's full name

National Insurance no

Applicant's date of birth

Can we telephone the applicant during the day to discuss the application? (If Y give number)  Y  N

Applicant's address

Does applicant have a representative?  Y  N If Y, representative's capacity  Guardian  Curator ad litem  Other (specify here)

Representative's title, forename and surname

Representative's or correspondence address

Is the applicant a party to any connected civil proceedings in the UK or elsewhere?  Y  N If Y give details

## SECTION B - OTHER INFORMATION YOU MAY HAVE TO COLLECT

Does the applicant have any insurance policy, membership or other assistance that provides help with legal costs? If yes, supply details below (non-family only).

## SECTION C - APPLICANT'S OR REPRESENTATIVE'S DECLARATION

- I declare that my application will be made electronically by my solicitor and the information given in this application is, to the best of my knowledge and belief, correct.
- Where I have asked my solicitor to do specially urgent work for me, I understand that the Scottish Legal Aid Board may ask me to pay a contribution towards the cost of that work. I will pay the Board that sum. I declare that the information I have given my solicitor is true and correct. I understand that if I give false information I may be prosecuted. I agree to give the Board any further information to allow it to work out the correct contribution.
- I consent to the Scottish Legal Aid Board making enquiries of any person or bodies including my solicitor, my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs in relation to this application. I authorise those other persons or bodies including my solicitor, my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs to provide the information required by the Board.
- I understand that I must inform the Board immediately if any information given in this application changes.
- I have been given a copy of the booklet "Civil legal aid - information for applicants".
- I understand that I must inform the Board immediately:
  - If my disposable income increases by £500 or more or decreases by £200 or more during the period of my assessment.
  - If my capital increases by £500 or more during the period of assessment or the lifetime of the court case – whichever is the longer
  - Of any changes in benefit during the period of assessment.
- I understand that the period of assessment is the twelve month period from the date the Board receives my application legal aid application.
- I understand that I must also provide this information about changes in my partner's financial circumstances where his/her details have been given in this application.
- I consent to the disclosure of the application, associated documentation and my case file held by my solicitor for quality assurance purposes including peer review and stage reporting, at any stage during or after the proceedings.
- My signature in this mandate is also my signature to the accompanying statutory statement

Signature of applicant/representative

Date

**YOUR PARTNER'S DECLARATION (ONLY COMPLETE THIS SECTION IN CASES WHERE AN ONLINE FORM 1 IS BEING COMPLETED)**

Note: If you are the partner of the person named as the applicant for legal aid on this form, you must sign the following declaration and authority.

If you knowingly make a false statement you may be prosecuted.

I certify:

- the information given in this application form is to the best of my belief and knowledge true and correct.
- I consent to the Scottish Legal Aid Board making enquiries of any person or bodies as it may consider necessary, including my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs in relation to this application. I authorise those other persons or bodies, including my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs to provide the information required by the Board.

Signature of your partner

Date

**Solicitor's declaration for initial application, sanction, amendment, stage report or special urgency**

- (a) Any opinion expressed in the application represents my professional opinion.
- (b) I consent to the disclosure of the application, associated documentation and client case file for quality assurance, including peer review and stage reporting purposes, at any stage during or after the proceedings.

Signature of solicitor

Date

**Data Protection Act 1998 - Access to Personal Data** The personal information provided by you or on your behalf will be used in accordance with the Data Protection Act 1998 and for the Board's functions under the Legal Aid (Scotland) Act 1986. 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. The Board 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 us to do so.