



**SECTION B (CONTINUED)**

**THE APPLICANT**

**17 Name and address for correspondence.**

If the applicant does not wish mail to be addressed using the name(s) and/or address above, please state here how mail should be addressed. For example, you may wish to use your solicitor's address.

TITLE  FORENAME

SURNAME

HOUSE NUMBER/NAME AND STREET

TOWN

COUNTY  POSTCODE

COUNTRY

**18 Is this application being made in the applicant's absence by a representative who is acting on their behalf eg. mother or guardian?**

Yes  No ➡ go to Question 19.

If Yes, what is their capacity or relationship to the applicant?

Why is the applicant absent from making this application?

Please complete the form giving the details of the applicant.

**19 Representative's name and address**

NAME OF PERSON/ORGANISATION AND ADDRESS

COUNTRY  POSTCODE

**SECTION C**

**EQUALITY**

**i** Give the applicant the equality card and write in the answers they give you.

1 Applicant did not answer  2 Ethnic origin: Part A  Other:  Part B  Part C  Other:

3 Disability:

**SECTION D**

**SUBJECT MATTER OF COMPLAINT AND ASSISTANCE**

1 Category Code Primary  Secondary

**2 Subject matter**

3 Is ABWOR (assistance by way of representation) to be given?  Yes  No

4 Date of offence(s)

DAY	MONTH	YEAR	DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Has a summary complaint already been served?  Yes  No ➡ go to Question 8.

6 If Yes, state the court location (if known)

7 Court type  District  Stipendiary magistrate  
 Sheriff  High

8 What is the Procurator Fiscal's reference number? (if known)

9 Is the applicant in custody in connection with the matter described here?  Yes  No

10 Has the applicant any rights or facilities which might fund this case?  Yes  No ➡ go to Question 12.

11 If Yes, provide details and explain why an application for legal aid has been made.

12 Has the applicant previously received advice and assistance on this matter from any other solicitor?  Yes  No ➡ go to Section E.

13 If Yes, explain here why further advice and assistance is required.

**i** Board approval must be obtained before giving any further advice and assistance.

If there is insufficient space here, please attach a separate sheet or letter giving a full explanation.



**SECTION J**

**EARNINGS**

If the applicant and/or partner does NOT receive EARNINGS income, go to Section K.

1 What evidence has been produced as proof of income from employment?

Applicant:  Pay slip  P60  None  Other (please specify)

Partner:  Pay slip  P60  None  Other (please specify)

2 If the applicant's partner does NOT have income from employment go to Question 5.

Please provide details of the applicant's partner, who receives employment income (if known).

Partner's name

Partner's date of birth DAY MONTH YEAR Partner's National Insurance number LETTERS NUMBERS LETTER

3 Give the name and address of the applicant's main employer(s).

NAME OF PERSON/ORGANISATION

ADDRESS

Is the partner's address the same as the applicant's address?

Yes  No

If No, what is the partner's address?

4 If the applicant's partner has employment income, give the name and address of the partner's main employer.

NAME OF PERSON/ORGANISATION

ADDRESS

**SECTION K**

**ELIGIBILITY ON DISPOSABLE INCOME**

If applying for diagnostic advice and assistance, also calculate and state the contribution due for full advice and assistance. If full advice and assistance is subsequently applied for and granted, the full contribution will be incurred, instead of the diagnostic contribution.

1 To the nearest pound, provide the total weekly income from all sources (less income tax and National Insurance contributions) for the:

Applicant £ Partner £ Total income £

2 Deduct allowances for any dependants and any maintenance paid

Partner's allowances Dependants and A Dependants £ Total maintenance paid £ Allowances £

3 Total disposable income £

4 What is the contribution due £

PLEASE CHECKS ON THE INCOME STATUS OF APPLICANTS AND PARTNERS. FALSE INFORMATION WILL BE CARRIED OUT. APPLICANTS WHO HAVE MISREPRESENTED THEIR POSITION MAY BE PROSECUTED.

**SECTION L**

**DECLARATION BY APPLICANT**

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

I understand that any money or property which is present in my name, or in the name of my partner, is subject to deduction if my contribution and any expenses recovered (if any) are less than my solicitor's charges. In civil matters, I also consent to the disclosure of this application and associated documentation for quality assurance purposes and stage reporting.

Signature of applicant/authorised person

Date DAY MONTH YEAR

**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 purpose of 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.

**SECTION M**

**ADVICE AND ASSISTANCE INTIMATION**

1 The initial limit of expenditure applicable is  £80  £150

2  a) I hereby grant the application and from the date below I have begun to give advice and assistance.

b) As the applicant previously received advice and assistance in respect of this matter I now request the Board's authority to give further advice and assistance.

3  I have seen documentary evidence as described in the financial sections and can confirm that I am satisfied that the client is eligible to receive advice and assistance.

I have not seen documentary evidence to support the information contained in the financial section, but I can confirm that I am satisfied that the client is eligible to receive advice and assistance.

4 I have completed giving the advice and assistance and now claim the minimum fee.

Yes  No go to Section M.

5 If Yes, provide details of the work carried out.

What is the payment branch code?

**SECTION N**

**DECLARATION BY THE SOLICITOR**

Having considered all the information provided to me by the applicant and all matters that I am obliged to consider under the Legal Aid (Scotland) Act 1986 and the regulations made under that Act, I am satisfied that the applicant is eligible to receive advice and assistance in relation to this matter.

Signature of Solicitor

Date DAY MONTH YEAR