



# Criminal advice and assistance/ABWOR

## Legal Aid Online Declaration

April 2018  
AA/LAO/CRIM

Remember that you are responsible for completing this form and should ensure all information required is provided, the declaration sections are signed, and that you hold a copy of the fully completed Declaration form on your file.

### A. The Applicant

Forenames:

Surname:

Date of birth:

National Insurance number:

If no NI number, are they:  a child  an asylum seeker  other

If 'Other' please explain why you do not have a NI number:

Usual home address:  Postcode:

### B. The case

Category code(s):  Subject matter:

Date(s) and location(s) of offence(s):

ABWOR:  Yes  No If not ABWOR, is it:  Summary  Solemn

Is the applicant in custody?  Yes  No Complaint or petition served?  Yes  No

Direct measure issued?  Yes  No Challenged?  Yes  No

PF reference number or police reference (e.g XX08123456):

Previous A&A?  Yes  No If yes, ref no:

### C. Applicant's circumstances

Any rights or facilities which might fund this case (insurers, employers, trade unions etc)?  
 Yes  No If 'Yes', details:

**\*\*\*Sections D,E and F are not required if ABWOR is for obstructive witness (OBWI), Terrorism (Ter), breach of interdict arrests (BIA) and double jeopardy (DJEP)\*\*\***

Is the applicant living with a spouse or partner?  Yes  No If 'Yes', do they have a contrary interest in the case?  Yes  No

If contrary interest, the partner is:  Complainer  Co-accused  Other Crown witness

***If your partner has a contrary interest you do not need to fill out the rest of Section C***

Spouse/Partner Forename:

Spouse/Partner surname:

DOB:

Partner's NI number:

How many dependants, currently living with you excluding any spouse/partner, do you have?

How many dependants, not currently living with you, do you have?

How many dependants, currently living with you, does your partner have?

How many dependants, not currently living with you, does your partner have?

Please give details of you and/or your partner's bank, building society and post office accounts:

Bank/building society	Name of account holder	Account number (last four digits only)	Type of account e.g current, deposit, ISA	Current balance
				£
				£
				£
				£

#### D. Capital and any other assets (needed for you & spouse/partner)

—for detailed information and correct allowances, use the current [keycard](#)

*\*Please note that at least one option of capital from the following list must be selected*

Do you have any capital?  Yes  No      Does your partner have any capital?  Yes  No

If 'Yes' to either of the above questions, give details:

	You	Your partner
Cash (coins, banknotes, cheques)	£	£
Money in banks or building societies	£	£
Value of property owned (other than your main house)	£	£
Address(es) of other property you and/or your partner owns:		
Outstanding value of mortgage/loan secured over other property/land	£	£
Investments (shares, bonds, ISAs etc)	£	£
Names of the companies where shares/bonds are held including share reference etc		
All other capital assets (e.g boat, caravan, second car, jewellery (not wedding or engagement ring), antiques, money due from a will/trust fund/redundancy etc)		

#### E. Income details (needed for you & spouse/partner) - please specify weekly amounts

*\*Please note that at least one option of income from the following list must be selected*

I have no income       My partner has no income

If you and/or your partner have no income, how are you supported financially?

If you stated you or your partner has an income, give details:

<i>Passport benefits (verifiable by SLAB) - please tick if applicable</i>	You	Your partner
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>

*Non-passport benefits and other benefits (not verifiable by SLAB)*

Contribution-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Contribution-based Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity (not included in income calculation)	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance (not included in income calculation)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment (not included in income calculation)	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>

Other income (please specify)	
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**F. Earnings (you and spouse/partner where appropriate) - please specify weekly amounts**

	You	Your partner
Pay or sick pay (net)	£	£
Are you or your spouse/partner self employed or a partner in a business? Please specify the weekly drawings.	£	£
Name and full address of your and/or spouse/partner's employers or the name and address of self employed business:	You:	Your partner:
Money from all other sources (to include who this is paid to and weekly amount)		
Total weekly income from all sources	nil <input type="checkbox"/>	£
Income allowances	nil <input type="checkbox"/>	£
Does the applicant pay maintenance?	nil <input type="checkbox"/>	£
Total allowances	nil <input type="checkbox"/>	£
Disposable weekly income	nil <input type="checkbox"/>	£
Contribution due:	Diagnostic nil <input type="checkbox"/> or £	Standard nil <input type="checkbox"/> or £

What documentary evidence was shown to your solicitor of your income and capital?

**Equalities—for new clients—give client Equality Card**

Q1. Did not answer  Yes      Q2. Ethnic origin:   
Q3. Disability  Yes       No       Did not answer

**Applicant’s Declaration and Authority**

**Please read each of the following statements carefully and ask your solicitor to explain anything you do not understand before signing this declaration.**

- This is a true statement of my personal and financial circumstances.
- I understand that if I give false information to the Scottish Legal Aid Board (“SLAB”), I may be prosecuted.
- I understand that SLAB can make any enquiries and get any information it needs to deal with this application.
- I agree to SLAB obtaining and/or checking information with others such as my employer, banks, credit reference agencies, the Department for Work and Pensions and HM Revenue and Customs and I authorise those people/organisations to provide the information they are asked for.
- I agree to the disclosure of the application, associated documentation and my case file held by my solicitor, to SLAB for audit and/or quality assurance.
- SLAB may use the information I or my solicitor have provided on this form, or otherwise provide, for the prevention and detection of fraud.
- SLAB may share this information with other bodies responsible for auditing or administering public funds for these purposes. I consent to SLAB disclosing my personal data to other organisations.
- I agree that all of the above consents and agreements will be effective for a period of not less than five years from the date of signature and any further reasonable period thereafter as SLAB considers appropriate for their requirements.

**Important information about your personal data**

The Scottish Legal Aid Board (SLAB) is a data controller. The personal information provided by you will be used in accordance with the General Data Protection Regulation 2016 and for our functions under the Legal Aid (Scotland) Act 1986.

SLAB 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 or requires us to do so. We will retain the personal information we hold about you in accordance with the requirements of our retention schedule then destroy or delete it in a secure manner.

Under the General Data Protection Regulation 2016 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. In addition you may also have rights to have your data erased or have your data moved. You may be able to object to processing if you believe it to be unlawful and subject to lawful restrictions. Where SLAB are responsible for unlawfully processing or disclosing your personal data and it is likely to cause a high risk to your rights and freedoms we will make you aware of this. To request your personal data you should write to SLAB’s Data Protection Officer. If you are unhappy with the response you get from the Data Protection Officer and wish to complain you should write to the Director of Corporate Services and Accounts.

**Signature of applicant/representative..... Date.....**

**Solicitor’s Declaration**

- I consent to the disclosure of the application, associated documentation and client case file for quality assurance including audit and peer review, at any stage.
- I accept responsibility for any act or omission in relation to the completion and submission of the application on Legal Aid Online (“LAOL”) by me or on my behalf and confirm that all information contained within this declaration will be submitted fully and accurately in the online application.
- I will retain this signed, completed document in paper form or electronically (see LAOL Terms and Conditions for more details) and will send it to SLAB upon request.

**Signature of solicitor..... Date.....**