



# Application for criminal legal aid in summary proceedings



ISSUED 06/08

USE THIS FORM ONLY WHERE A NOT GUILTY PLEA HAS BEEN TENDERED IN A SUMMARY PROCEDURE CASE. IF A GUILTY PLEA HAS BEEN TENDERED, USE FORM AA/APP/CRIM.

## CRIM/SUMMARY

- Use our guidance to help complete this form – available on our website [www.slab.org.uk](http://www.slab.org.uk)
- Please complete this form in CAPITALS and BLACK INK. Do not write in NIL or put a line through financial questions – use the check boxes.
- You must complete all questions for us to process your application. You should put a cross in the relevant box or write clearly within the white boxed areas as the information you provide will be electronically scanned.
- You should attach a copy of the complaint, containing the charge(s) against the applicant.

This application is:  Original application with attachments  Faxed – where it is very urgent

### SECTION A ABOUT ANY PREVIOUS APPLICATIONS

1 Has the applicant previously been given advice and assistance/ABWOR by you or to your knowledge any other solicitor in connection with this matter? If Yes, please provide the reference number(s) if known.

No

Yes – advice and assistance

Yes – ABWOR

2 Have you or to your knowledge any other solicitor applied for criminal legal aid for this case? If Yes, please provide the reference number(s) if known.

If the applicant has been granted criminal legal aid, you cannot apply for criminal legal aid for a complaint arising from the same incident.

No

Yes – summary criminal legal aid

Yes – solemn criminal legal aid

Yes – regulation 15 (special urgency) grant

Date of special urgency grant DAY MONTH YEAR

### SECTION B SOLICITOR ACTING FOR THE APPLICANT

1 Solicitor's code number

5 Solicitor's name

2 Firm's code number

6 Firm's name

3 Branch code  If left blank, all correspondence will be sent to the main branch.

4 Your internal reference number

7 Town/city

SECTION C

THE APPLICANT

1 Applicant's personal identifier (if known) LETTERS/NUMBERS NUMBERS

2 Applicant's National Insurance number – this **MUST** be given.

LETTERS NUMBERS LETTER

If the applicant does not have a National Insurance number, are they:

a child

an asylum seeker – please provide their Home Office reference number: LETTER NUMBERS

other – please explain why they do not have a National Insurance number:

\_\_\_\_\_

3  Mr  Mrs  Miss  Ms  Other (please specify any other title): \_\_\_\_\_

4 Applicant's forename  
 \_\_\_\_\_


5 Applicant's middle name(s)  
 \_\_\_\_\_

6 Applicant's surname  
 \_\_\_\_\_

7 Applicant's date of birth  
 DAY MONTH YEAR


8 If you have given details of the applicant's previous grants at Section A or the applicant's personal identifier at Question 1, has any information about the applicant or their representative changed since the last application?

Yes – complete Section D, Applicant's Details  No ➡ go to Section E, Financial Statement.


 If this is the applicant's first application – complete Section D, Applicant's Details.

SECTION D

APPLICANT'S DETAILS

 Only complete this section where this is the first application, or details of the applicant or their representative from a previous advice and assistance/ABWOR or criminal legal aid application have changed.

1  Male  Female

2 Applicant's usual home address  The Board may have to write to the applicant. If they do not want us to use this address for any correspondence, complete Question 3.

HOUSE NUMBER FLAT NUMBER

HOUSE NAME/STREET NAME

\_\_\_\_\_



TOWN/CITY

COUNTY POSTCODE

SECTION D (CONTINUED)

APPLICANT'S DETAILS

3 Address for correspondence or representative's details

 If the applicant wants mail to be sent to a correspondence address instead of their usual home address, complete details below. Otherwise  go to Section E, Financial Statement.

This is:  correspondence address  representative's address

NAME OF INDIVIDUAL/ORGANISATION

HOUSE NUMBER

FLAT NUMBER

HOUSE NAME/STREET NAME




TOWN/CITY

COUNTY

POSTCODE

4 Is this application being made by a representative who is acting on the applicant's behalf?


Yes  No  go to Section E, Financial Statement.

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

6 Where the applicant cannot make the application, please explain why.

SECTION E


FINANCIAL STATEMENT – APPLICANT'S CIRCUMSTANCES

 We have to decide if the applicant can meet the cost of their case without undue hardship to them or their dependants.

Full information must be given about the applicant's own financial situation and that of any spouse or partner who is living with them and who do not have a contrary interest in the case, **where the spouse or partner receives income**. We do not combine the applicant's and their spouse or partner's finances in our financial assessment. However, we do use the information to allow us to take into account any sharing of outgoings. You must, therefore, include the information about the income of a spouse or partner.




We may make enquiries to check information given, such as with banks, lenders and others. We also automatically check with the Department for Work and Pensions on all state benefits and tax credits.

1 Is the applicant living with a spouse or partner who does NOT have a contrary interest in this case?  Yes  No

 For example, a contrary interest would be where the partner is the victim, complainer or Crown witness.



2 How many dependants (excluding their spouse or partner) does the applicant have?

3 What income does the applicant receive?

Benefits  go to Question 4  None  go to Question 5  Earnings  go to Question 6.

Other – please specify:

4 If the applicant receives benefits income, which benefit is received:

Income support  go to Question 8  Income-based Jobseeker's Allowance  go to Question 8.

Other benefits – you specify these in Section H, Weekly Income.

SECTION E (CONTINUED)

FINANCIAL STATEMENT – APPLICANT’S CIRCUMSTANCES

5 If the applicant does not receive any income, how are they supported financially?

[Empty text box for question 5]

Where the applicant does not receive any income, if they live with a spouse or partner → go to Question 8, otherwise → go to Section F, Evidence of Financial Circumstances.

6 If the applicant has earnings income, what is their usual occupation, trade or profession?

[Empty text box for question 6]

7 If the applicant has earnings income, what is the name and address of the applicant’s employer(s)?

Form for question 7 with two columns for employer details, including name and address/postcode.

If the applicant does NOT live with a spouse or partner → go to Section F, Evidence of Financial Circumstances.

Complete information on the applicant’s spouse or partner’s income where there are outgoings – which are shown at Section I, Payments Due.

8 What income does the applicant’s spouse or partner receive?

Form for question 8 with checkboxes for None, Benefits, Earnings, and Other, and a text box for specification.

9 If the applicant’s spouse or partner has income from benefits or employment, please provide their details (if known):

Form for question 9 with grid boxes for partner's forename, surname, date of birth, and National Insurance number.

10 If the applicant’s spouse or partner receives benefits income, which benefit is received:

Form for question 10 with checkboxes for Income support, Income-based Jobseeker’s Allowance, and Other benefits.


11 If the applicant’s spouse or partner has earnings income, what is the name and address of their employer(s)?

Form for question 11 with two columns for employer details, including name and address/postcode.







SECTION H

WEEKLY INCOME FROM ALL SOURCES

 Only complete details for the spouse or partner where they receive income and where there are outgoings, as shown in Section I, Payments Due.

To the **NEAREST POUND** provide the total **WEEKLY** income from all sources (less income tax and National Insurance contributions).

 Do not write in nil – use the check boxes.

	APPLICANT		SPOUSE OR PARTNER	
1 Applicant has no income	<input checked="" type="checkbox"/>	Nil	<input checked="" type="checkbox"/>	No partner or nil partner income
2 Income from all state benefits Say what these are and the weekly amount paid				
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
3 Pay or sick pay from work (including overtime, commission, bonuses, but after deducting tax, National Insurance, etc.)	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
 A copy of the applicant's latest payslip must be attached with the application, or a copy of their bank statement.				
4 If self-employed or in partnerships, income received from the business	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
 A copy of the applicant's latest business accounts must be attached with the application, or a copy of their bank statement.				
5 Private pension Name of provider				
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
6 Student grant or bursary Name of paying organisation				
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
7 Money from any other source  For example, maintenance, rent from property, interest etc. Say what this is and give the name of who pays				
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil
<input type="text"/>	£	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	Nil

SECTION I

PAYMENTS DUE BY APPLICANT

To the NEAREST POUND, provide the total weekly payments made by to the applicant. Do not write nil – use the check boxes.

Please do not include general living expenses, such as gas/electricity, clothes, petrol, credit card costs, fines, mobile phone bills etc. – a standard allowance will be given for these items.

APPLICANT

1 No payments due  Nil go to Section J.

2 Rent or board and lodgings £       Nil  
Organisation paid to:

3 Mortgage (including any endowment or life policies linked to the mortgage) £       Nil  
Organisation mortgage paid to:

4 Council Tax £       Nil

5 Loan payments Organisation paid to:  £       Nil

Organisation paid to:  £       Nil

Organisation paid to:  £       Nil

Organisation paid to:  £       Nil

6 Maintenance paid to Name:  £       Nil

7 Other payments due to be made Say what these are and the name of who is paid  £       Nil

£       Nil

£       Nil

£       Nil

£       Nil


SECTION J

OTHER FINANCIAL INFORMATION

1 Please provide any other information about the applicant's financial situation, that you believe we should take into account when applying the financial hardship tests.


SECTION K


NATURE OF THE DEFENCE

 This section MUST be completed by or on the instruction of the applicant in all cases – even where a separate statement is being submitted with this form.

1 Please say why you have pled not guilty and what your defence to the charge(s) is.


SECTION L

EQUALITY – COMPLETED BY THE APPLICANT  Give the client the Equality Card.

 The Scottish Legal Aid Board has to collect information to monitor equality of access of people applying for legal aid. Your answers help to do this. Your answers are not used to decide if you qualify for legal aid.

1  Do not wish to answer


2 Your ethnic origin:   If other:

3 Do you consider yourself to have a disability?  Yes  No  Do not wish to answer

SECTION M

DECLARATION BY APPLICANT

- I declare that the information given in this application in Sections A-K is, to the best of my knowledge and belief, correct.
- I agree to the Scottish Legal Aid Board asking other people or bodies about this application. This could include my solicitor, my employer, my bank, the Department for Work and Pensions or HM Revenue and Customs. I authorise those other people or bodies to provide the information the Board asks for.
- I agree to the disclosure of this application, associated papers and my case file held by my solicitor for quality assurance purposes including peer review, at any stage during or after this case.
- I apply for legal aid and wish the solicitor named at Section B to act for me.

 Applicant's signature


Date

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

**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.

SECTION N

THE CASE – COMPLETED BY THE SOLICITOR

 Please attach a copy of the complaint.

1 Category code – please state all charge(s) brought against the applicant by entering the number of charges for all relevant categories of case.

NUMBER OF CHARGES	CODE	CATEGORY	NUMBER OF CHARGES	CODE	CATEGORY
<input type="text"/>	ASS	Assault	<input type="text"/>	FRA	Fraud
<input type="text"/>	FTA	Breach of bail conditions – 27(1)a	<input type="text"/>	HB	Housebreaking
<input type="text"/>	BBC	Breach of bail conditions – 27(1)b	<input type="text"/>	DG	Misuse of Drugs Act 1971
<input type="text"/>	FTAO	Breach of bail conditions – other	<input type="text"/>	OFW	Offensive weapon – includes Criminal Law (Consolidation)(Scotland) Act 1995
<input type="text"/>	BOAS	Breach of ASBO	<input type="text"/>	POL	Police (Scotland) Act 1967
<input type="text"/>	BCRO	Breach of community reparation order	<input type="text"/>	RTA	Road Traffic Act
<input type="text"/>	BOP	Breach of the peace	<input type="text"/>	ROB	Robbery
<input type="text"/>	BSEX	Breach of the Sex Offenders Act 1997 – certain sexual acts outside UK	<input type="text"/>	SEX	Sexual offences – includes Criminal Law (Consolidation)(Scotland) Act 1995
<input type="text"/>	CGAT	Civic Government (Scotland) Act 1982 (Section 57 – theft with intent etc.)	<input type="text"/>	THF	Theft
<input type="text"/>	CGAI	Civic Government (Scotland) Act 1982 – indecent photographs: possession, making, distribution	<input type="text"/>	TMV	Theft of motor vehicle
<input type="text"/>	CGAO	Civic Government (Scotland) Act 1982 – other	<input type="text"/>	VAN	Vandalism – includes culpable, common law and statutory
<input type="text"/>	CCT	Contempt of court	<input type="text"/>	OTC	Other Criminal
<input type="text"/>	EMB	Embezzlement	<b>Other categories not listed above – please write in title as shown in Board guidance</b>		
<input type="text"/>	FIR	Firearms Act	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Date when not guilty plea was tendered  DAY  MONTH  YEAR

3 Date of any intermediate diet fixed  DAY  MONTH  YEAR

4 Date set for trial  DAY  MONTH  YEAR

5 The trial court is the  JP court  Stipendiary magistrate’s court  Sheriff court

at court location

6 What is the procurator fiscal’s reference number for the original case? This MUST be given.

LETTERS  NUMBERS  NUMBERS

SECTION N (CONTINUED)

THE CASE – COMPLETED BY THE SOLICITOR

7 Names of any co-accused

8 Are you acting on behalf of any of the co-accused?  Yes  No ➔ go to Question 10.

9 If Yes, provide Legal Aid reference number(s).

10 Has the applicant any rights or facilities which might fund this case?  Yes  No ➔ go to Question 12.  
*i* For example, a trade union or insurance company.

11 If Yes, please give details and explain why a legal aid application has been made.

12 Have you had any negotiations with the procurator fiscal?  Yes  No

13 If Yes, provide details of negotiations so far.  
 If No, provide details of why no negotiations have taken place to date.

SECTION O

INTERESTS OF JUSTICE

In determining if it is in the interests of justice to make criminal legal aid available, we must take into account factors specified in section 24(3) of the Legal Aid (Scotland) Act 1986. These statutory factors are shown below.

If you believe that any of the statutory factors at Questions 4, 5, 6, and 7 apply, please give a relevant explanation against that factor. If a statement by the applicant is submitted and deals with various matters, it is not sufficient merely to state against any particular factor “see statement”.

You need to tell us which aspects of the disclosable summary of evidence are relevant to the factors which you feel are present in the case, or why these are being disputed – for example, aspects relating to the description of the locus, the description of events, any police interviews or medical evidence, caution and charge replies which may be appropriate.

You may wish to send us a copy of the disclosable summary of evidence to help us decide the application.

**Please give as much information as possible to help us decide whether it is in the interests of justice for the applicant to be given legal representation.** Only use separate statements where there is insufficient space on the form.

1 Is the disclosable summary of evidence attached?  Yes  No

2 Has a plea been offered by the procurator fiscal?  Yes  No ➔ go to Question 4.







SECTION P


DECLARATION BY THE SOLICITOR

1 As the applicant has been remanded in custody for this matter, I am giving criminal legal aid until this application is determined by virtue of the automatic legal aid provisions of section 22(1)(d) of the Legal Aid (Scotland) Act 1986.

Yes  No

2 I certify:

- to the best of my knowledge and belief that the information given is correct
- any opinion expressed above represents my professional opinion as at this date
- I have retained a copy of this application
- I consent to the disclosure of this application, associated documentation and client case file for quality assurance including peer review, at any stage during or after the proceedings
- I have agreed to act on behalf of the applicant if legal aid is granted
- I confirm that the applicant has not applied for or received criminal legal aid for a complaint arising out of the same incident.

 Solicitor's signature


Date

DAY			MONTH			YEAR		
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SECTION Q

ATTACHMENTS

If you are attaching any documents or continuing an answer on an attached document, please put a cross in the relevant box(es).

 You should not attach cover letters – only provide relevant attachments or an additional sheet where there is insufficient space and you are continuing an answer.

**Documents that MUST be attached where relevant**

- Copy of complaint
- Schedule of previous convictions
- Copy of evidence of employment income – for example payslips, pension payments or bank statement

**Documents that may be attached**

- Disclosable summary of evidence
- Copy of driving licence
- Copy of insurance policy and certificate
- Copy of letter from current employer if loss of livelihood possible
- Copy of bank or building society etc accounts
- Any other supporting documents – please specify below:
- Answer continued on an attached document – please describe below what is attached and which question it continues:


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