



Application for Civil Legal Aid Financial Eligibility – Form 1

The Scottish Legal Aid Board will use the information you give in this application form to decide if you qualify financially for civil legal aid. Your full and honest answers will let us process your application quickly. We assess all applications in the same way and we must follow rules set down by the Scottish Parliament. You must qualify on all the tests before we can grant civil legal aid.

Complete this form if you are receiving:

- Income Support
- Income-based Jobseeker's Allowance
- payments from the National Asylum Support Service
- or you are applying on behalf of a child.

If you are NOT receiving any of these or are not applying on behalf of a child, you should contact your solicitor who will give you Financial Eligibility Form 2 to complete.

Before completing this form you should ask your solicitor to give you:

- the information booklet "Civil legal aid – information for applicants".

Please answer all of the questions in this application form fully and honestly, so that we can process your application as quickly as possible.

You should:

- read the information booklet “Civil legal aid – information for applicants” before completing this form
- give us true and complete answers to all the questions in this form, and to ANY OTHER QUESTIONS that we or your solicitor ask you
- complete the form in CAPITAL LETTERS using BLACK INK and put a cross in the relevant box or write within the white boxed areas as the information you give us will be electronically scanned
- write N/A in the box provided for questions which do not apply to you – you will not have to complete every question in this form.

If you need help with completing this form, contact the Financial Assessment Unit at the Scottish Legal Aid Board:

Our direct telephone number is 0131 240 2073. Calls by BT Text Direct are welcome.

Our address is 44 Drumsheugh Gardens, Edinburgh EH3 7SW

Our website address is www.slab.org.uk

Our email address is general@slab.org.uk

You should remember that:

- legal aid is not always free – if you qualify, you may have to pay something towards your own legal costs
- we will assess your financial circumstances over the twelve months immediately following the date we receive your application
- we may need to carry out checks with other bodies or organisations about the information you give us
- we may ask you to answer some more detailed questions once we have seen your application form
- you must tell us immediately if your name, address or finances change, or if any other important facts that could affect your application change
- you should keep in touch with your solicitor, and deal promptly with any requests for information from him/her or the Board.

REMEMBER

SECTION A (CONTINUED)

ABOUT YOU

Complete this form in **CAPITAL LETTERS** and in **BLACK INK**.

Please put a cross in the relevant box or write within the white boxed areas. The information you provide will be electronically scanned.

All questions must be completed for your application to be processed.

If there are any questions in this form that are not applicable to you please still write 'N/A' in the box provided.

KEY TO SYMBOLS



indicates the next question you should answer



examples or further information on a specific question are provided



either you or your partner should sign the form here

11 Maiden surname of your mother

[Grid for maiden surname]

12 Applicant's date of birth

DAY MONTH YEAR [Grid for date of birth]

Applicant is a child

13 Applicant's place of birth

Town or city [Grid for place of birth]

14 Does the applicant have a representative who is acting on their behalf?

For example mother or guardian.

Yes No

If Yes, what is the representative's capacity?

Guardian Curator ad litem Other (please specify) [Text box]

If Yes, provide the representative's name and address at Question 16. Please complete the form giving the details of the applicant.

15 Applicant's usual home address

The Board may have to write to you. We will tell the opponent this address. If you do not want this address disclosed, please complete Question 16 below.

HOUSE NUMBER/NAME AND STREET TOWN COUNTY POSTCODE COUNTRY [Grid for home address]

16 Name and address for correspondence or representative's details

If you do 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 [Grid for correspondence address]

17 Can we telephone you during the day to discuss your application?

Yes No go to Question 19

YOUR DECLARATION (THE APPLICANT) OR APPLICANT'S REPRESENTATIVE

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

I certify:

for applicants:

a) the information given in this application form is to the best of my belief and knowledge true and correct.

for representatives:

a) I declare that as far as I know, the information I have given is true, based upon the reasonable enquiries which I have been able to make, exercising due care and diligence.

for applicants and representatives:

b) 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 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.

c) I have been given a copy of the booklet "Civil legal aid – information for applicants".


d) 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 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 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.

e) I consent to the disclosure of this application, associated documentation and my case file held by my solicitor for quality assurance purposes including peer review and stage reporting.


 Your signature

Date

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

YOUR PARTNER'S DECLARATION


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

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

I certify:

a) the information given in this application form is to the best of my belief and knowledge true and correct.

b) 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

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

Complete this form in **CAPITAL LETTERS** and in **BLACK INK**.

Please put a cross in the relevant box or write within the white boxed areas. The information you provide will be electronically scanned.

All questions must be completed for your application to be processed.

If there are any questions in this form that are not applicable to you please still write 'N/A' in the box provided.

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either you or your partner should sign the form here

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.

Complete this form in **CAPITAL LETTERS** and in **BLACK INK**.

Please put a cross in the relevant box or write within the white boxed areas. The information you provide will be electronically scanned.

All questions must be completed for your application to be processed.

If there are any questions in this form that are not applicable to you please still write 'N/A' in the box provided.

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- i** The Scottish Legal Aid Board has to collect information to monitor equality of access of people applying for and/or receiving services paid for from the public funds we administer. For example we have a duty under the Race Relations (Amendment) Act 2000 to have due regard, in carrying out our functions, to the need to eliminate unlawful discrimination and promote equality of opportunity and good race relations. Your answers to the questions below will help us do this. Completion of this section is voluntary. The information you give in your answers will not be used by us to decide if you qualify for civil legal aid.

- 1 If you, the applicant, do not wish to answer any questions in this section, please put a cross in this box.
- 2 How would you describe your ethnic origin?
Please indicate which groups you most identify with, by putting a cross in one box from Part A and one box from Part B.

Part A

- British or mixed British Scottish English Irish Welsh
- Any other (please specify if you wish)

Part B

Asian

- Bangladeshi Indian Pakistani
- Other Asian background (please specify if you wish)

Black

- African Caribbean
- Other Black background (please specify if you wish)

Chinese

- Any Chinese background (please specify if you wish)

Mixed Ethnic background

- Asian and White Black Caribbean and White
- Black African and White
- Other Mixed Ethnic background (please specify if you wish)

White

- Any White background (please specify if you wish)

Any Other Ethnic background

- Any Other Ethnic background (please specify if you wish)

If you have answered any other, please specify if you wish

I do not wish to answer this question.

- 3 Do you consider yourself to have a disability?

i The Disability Discrimination Act defines disability as: a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out day-to-day activities.

- Yes No I do not wish to answer this question.

Help us to process this form quickly. Check that you have:

- given us true and complete answers to all the questions in this form
- signed and dated the application
- if you have filled in any sheets of paper giving extra information, remember to include these, after signing and dating them.

You should now

Return this form to the person who gave it to you:

- your solicitor, or
- us, the Scottish Legal Aid Board

If you are returning the form direct to us, send it to:
Financial Assessment Unit, Scottish Legal Aid Board,
44 Drumsheugh Gardens, Edinburgh EH3 7SW.

- keep your information booklet "Civil legal aid – information for applicants" in a safe place
- if you have any questions, you should contact the Financial Assessment Unit at the Board on telephone 0131 240 2073.