



Application for Civil Legal Aid Financial Eligibility – Form 2

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 parliament. You must qualify on all the tests before we can grant civil legal aid.

You should complete this form **UNLESS** 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 any of these are the case, you should contact your solicitor who will give you Financial Eligibility Form 1 to complete.

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

- the information booklet "Civil legal aid – information for applicants"
- if you are employed or a company director, the form "Statement of earnings by your present employer".

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 those questions which do not apply to you – you will not have to complete every question in this form
- when we ask for documentary evidence, you can provide any bank statements that show the payment, **or** information from the person or organisation
- make sure you send us all the documents we ask for and answer all questions – if you do not, your application will be delayed
- make sure you send copies of documents and not the originals.

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

Our direct telephone number is 0131 240 2082. 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.

Use the CHECKLIST as you fill out the form to help make sure you send us all the documents we ask for.

For Checklist  page inserted within the application form.

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

i examples or further information on a specific question are provided

📄 you should send extra documents as evidence with your application

✍️ either you or your partner should sign the form here

12 Applicant's date of birth

DAY MONTH YEAR grid

13 Applicant's place of birth

Town or city grid

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

i For example mother or guardian.

Yes No checkboxes

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

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

HOUSE NUMBER/NAME AND STREET TOWN COUNTY POSTCODE COUNTRY grid

16 Name and address for correspondence or representative's details

i 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

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

Yes No go to Question 18 checkboxes

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either you or your partner should sign the form here

Complete this section if you have been asked to do so in Section C.

1 Partner's National Insurance number

LETTERS NUMBERS LETTER

2 Mr Mrs Miss Ms

Enter below any other title preferred

Grid for other title preferred

3 Partner's forename

Grid for forename

4 Partner's middle name(s)

Grid for middle name(s)

5 Partner's surname

Grid for surname

6 Other surname by which your partner is known

Grid for other surname

Please note: the information asked for at Questions 7-11 is needed so that we can be sure we never confuse your partner's records with those of someone else who has the same name.

7 Partner's surname at birth if different from surname above

Grid for surname at birth

8 Maiden surname of partner's mother

Grid for maiden surname

9 Partner's date of birth

DAY MONTH YEAR

10 Partner's age

Grid for age

11 Partner's place of birth

Town or city

Grid for town or city

12 Partner's usual home address

Please include the postcode.

ADDRESS

Grid for address

TOWN

Grid for town

COUNTY

Grid for county

POSTCODE

Grid for postcode

COUNTRY

Grid for country


10 What children aged UNDER 16 live with you and are wholly dependent on you?

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH		

11 What children aged OVER 16 live with you and are wholly dependent on you?

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH		

12 Do you have anyone aged 18 or over (apart from already mentioned) living in your household?

Yes No  go to Section G

13 If Yes, how many people aged over 18 are:

Wage earning (full-time) Other

If other, please specify



14 Please state their relationship to you.

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YOU

8 Maternity Allowance

£ per week per 2 weeks per 4 weeks

9 Severe Disablement Allowance

£ per week per 2 weeks per 4 weeks

10 Industrial Disablement Pension

£ per week per 2 weeks per 4 weeks

11 Disabled Person's Tax Credit

£ per week per 2 weeks per 4 weeks

12 Working Tax Credit

£ per week per 2 weeks per 4 weeks monthly

13 Are you receiving Incapacity Benefit?

 Yes No

If Yes, how much Incapacity Benefit do you receive?

£ per week per 2 weeks per 4 weeks

When did you start receiving Incapacity Benefit?

DAY MONTH YEAR

14 Are you receiving contribution-based Jobseeker's Allowance?

 Yes No → go to Question 15

If Yes, how much contribution-based Jobseeker's Allowance do you receive?

£ per week per 2 weeks per 4 weeks

When did you start to receive contribution-based Jobseeker's Allowance?

DAY MONTH YEAR

YOUR PARTNER

8 Maternity Allowance

£ per week per 2 weeks per 4 weeks

9 Severe Disablement Allowance

£ per week per 2 weeks per 4 weeks

10 Industrial Disablement Pension

£ per week per 2 weeks per 4 weeks

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£ per week per 2 weeks per 4 weeks

12 Working Tax Credit

£ per week per 2 weeks per 4 weeks monthly

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 Yes No

If Yes, how much Incapacity Benefit do you receive?

£ per week per 2 weeks per 4 weeks

When did you start receiving Incapacity Benefit?

DAY MONTH YEAR

14 Are you receiving contribution-based Jobseeker's Allowance?

 Yes No → go to Question 15

If Yes, how much contribution-based Jobseeker's Allowance do you receive?

£ per week per 2 weeks per 4 weeks

When did you start to receive contribution-based Jobseeker's Allowance?

DAY MONTH YEAR Complete this form in **CAPITAL LETTERS** and in **BLACK INK**.

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YOU

4 Do you receive any benefits in kind from your employers?

i Benefits in kind are anything that you get from your employer that is not money. Examples are company car, childcare vouchers, luncheon vouchers, free childcare, accommodation, subsidised mortgages/loans, free petrol, health insurance.

Yes No → go to Question 6

📄 If Yes, please provide a P2 (Notice of Tax Coding). This is available from your local tax office.

5 If Yes, state what these are and the value allocated to them.

Benefit in kind	Amount
	£
	£
	£
	£
	£
	£
	£

6 Are you self-employed?

i By self-employed we mean anyone who is engaged in a trade, profession or vocation as a sole trader (that is you have sole ownership of the business and its profits).

Yes → go to Question 9

No → go to Question 7

📄 If Yes, you must provide copies of your most recent accounts or self assessment tax return and copies of any business loans/HP agreements.

7 Are you in a business partnership?

i By business partnership we mean anyone who is engaged in a trade, profession or vocation, which is operated in partnership with someone else (that is you share the ownership of the business and its profits with one or more person).

Yes No → go to Question 17

📄 If Yes, you must provide copies of your most recent accounts or self assessment tax return and copies of any business loans/HP agreements.

8 If Yes, please give the name(s) of other partners.

YOUR PARTNER

4 Do you receive any benefits in kind from your employers?

i Benefits in kind are anything that you get from your employer that is not money. Examples are company car, childcare vouchers, luncheon vouchers, free childcare, accommodation, subsidised mortgages/loans, free petrol, health insurance.

Yes No → go to Question 6

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Benefit in kind	Amount
	£
	£
	£
	£
	£
	£
	£

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i By self-employed we mean anyone who is engaged in a trade, profession or vocation as a sole trader (that is you have sole ownership of the business and its profits).

Yes → go to Question 9

No → go to Question 7

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Yes No → go to Question 17

📄 If Yes, you must provide copies of your most recent accounts or self assessment tax return and copies of any business loans/HP agreements.

8 If Yes, please give the name(s) of other partners.

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YOU

9 Name and address of your business

NAME

ADDRESS

POSTCODE

TELEPHONE

10 What is the nature of the business?

11 When did the business start trading?

DAY MONTH YEAR

12 Please state your expected turnover in this financial year.

£

13 Please state your expected expenses in this financial year.

£

14 Please give the name and address of any accountants who deal with your financial affairs.

NAME

ADDRESS

POSTCODE

TELEPHONE

15 To which tax district do you make your returns?

16 What is your tax reference?

This information will be available on your Self Assessment forms or from your accountant.

17 Are you a director of a registered charity?

Yes No go to Question 20

18 If Yes, give the name and address and registration number of the charity.

NAME

ADDRESS

POSTCODE

TELEPHONE

REGISTRATION NO

YOUR PARTNER

9 Name and address of your business

NAME

ADDRESS

POSTCODE

TELEPHONE

10 What is the nature of the business?

11 When did the business start trading?

DAY MONTH YEAR

12 Please state your expected turnover in this financial year.

£

13 Please state your expected expenses in this financial year.

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This information will be available on your Self Assessment forms or from your accountant.

17 Are you a director of a registered charity?

Yes No go to Question 20

18 If Yes, give the name and address and registration number of the charity.

NAME

ADDRESS

POSTCODE


TELEPHONE


REGISTRATION NO

YOU


19 Do you receive payment for this?


Yes No

If No,  please provide a letter from a Trustee of the charity to verify this.


If Yes,  you must provide a Statement of Earnings form completed by the charity.

20 Are you a company director?

Yes No  go to Section I

 If Yes, you must provide the most recent set of company accounts. You must also get a Statement of Earnings form completed by the company accountant. Your solicitor will give you this form.

21 How many companies are you a director of?

 If you are a director of more than one company, complete a copy of Questions 22-30 for each company.

22 Name and address of your company

COMPANY	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
POSTCODE	<input type="text"/>
TELEPHONE	<input type="text"/>

23 What is the nature of the company's business?

24 When did the company start trading?

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


25 When did you become a director of this company?

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

26 Do you receive any benefits in kind?

 See Question 4 in this section for examples of these.


Yes No  go to Question 28


 If Yes, provide a P2 (Notice of Tax Coding). This is available from your local tax office.

YOUR PARTNER


19 Do you receive payment for this?


Yes No

If No,  please provide a letter from a Trustee of the charity to verify this.


If Yes,  you must provide a Statement of Earnings form completed by the charity.

20 Are you a company director?

Yes No  go to Section I

 If Yes, you must provide the most recent set of company accounts. You must also get a Statement of Earnings form completed by the company accountant. Your solicitor will give you this form.

21 How many companies are you a director of?

 If you are a director of more than one company, complete a copy of Questions 22-30 for each company.

22 Name and address of your company

COMPANY	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
POSTCODE	<input type="text"/>
TELEPHONE	<input type="text"/>

23 What is the nature of the company's business?

24 When did the company start trading?

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


25 When did you become a director of this company?

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

26 Do you receive any benefits in kind?

 See Question 4 in this section for examples of these.

Yes No  go to Question 28

 If Yes, provide a P2 (Notice of Tax Coding). This is available from your local tax office.

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SECTION H (CONTINUED)

WORK

YOU

27 If Yes, state what these are and their value.

Benefit in kind	Amount
	£
	£
	£
	£
	£
	£
	£
	£

28 What is the shareholding of your company?
 shares of £ .

29 What is the company's share capital?
 £ .

30 Please use this space to provide any further information about the company which is likely to affect the valuation of your shareholding.

YOUR PARTNER

27 If Yes, state what these are and their value.

Benefit in kind	Amount
	£
	£
	£
	£
	£
	£
	£
	£

28 What is the shareholding of your company?
 shares of £ .

29 What is the company's share capital?
 £ .

30 Please use this space to provide any further information about the company which is likely to affect the valuation of your shareholding.

SECTION I

OTHER INCOME

YOU

1 Are you receiving a pension or pensions, whether from your work or from a private pension scheme?
 Yes No go to Question 4

2 If Yes, who pays the pension(s)?

Enclose either:

- the latest payment advice slip(s) detailing the amount(s) of pension you receive, or
- copies of any bank statements that show this payment.

3 How much is the gross payment before tax is taken off?
 £ .

per week per month other

If other, please specify

YOUR PARTNER

1 Are you receiving a pension or pensions, whether from your work or from a private pension scheme?
 Yes No go to Question 4

2 If Yes, who pays the pension(s)?

Enclose either:

- the latest payment advice slip(s) detailing the amount(s) of pension you receive, or
- copies of any bank statements that show this payment.

3 How much is the gross payment before tax is taken off?
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per week per month other

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SECTION I (CONTINUED)**OTHER INCOME****YOU**

10 Give details of all payments you make in respect of the tenanted property.

Details

How much?

£

How often?

If you need more space use Section L, EXTRA INFORMATION.

11 Do you receive payments from boarders or lodgers?

Yes No go to Question 14

12 If Yes, how much do you receive?

Please provide documentary evidence

£

per week per month other

If other, please specify

13 How is the payment made?

into a bank account Yes No

in cash Yes No

Other, please specify

14 Do you receive payment of interest from a bank, building society or other investment?

Yes No go to Question 15

If Yes, state how much £

per month per quarter per year

15 Do you receive payment of dividends on shares you own?

Yes No go to Question 16

If Yes, state how much £

per month per quarter per year

16 Do you receive any other money regularly?

If Yes, please provide documentary evidence.

Yes No go to Section J

Who pays this money to you?

YOUR PARTNER

10 Give details of all payments you make in respect of the tenanted property.

Details

How much?

£

How often?

If you need more space use Section L, EXTRA INFORMATION.

11 Do you receive payments from boarders or lodgers?

Yes No go to Question 14

12 If Yes, how much do you receive?

Please provide documentary evidence

£

per week per month other

If other, please specify

13 How is the payment made?

into a bank account Yes No

in cash Yes No

Other, please specify

14 Do you receive payment of interest from a bank, building society or other investment?

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15 Do you receive payment of dividends on shares you own?

Yes No go to Question 16

If Yes, state how much £

per month per quarter per year

16 Do you receive any other money regularly?

If Yes, please provide documentary evidence.

Yes No go to Section J

Who pays this money to you?

YOU

17 What is the money paid for?

18 How much is it?

£ per week per month other

If other, please specify

19 How is the payment made?

into a bank account Yes Noin cash Yes No

Other, please specify

YOUR PARTNER

17 What is the money paid for?

18 How much is it?

£ per week per month other

If other, please specify

19 How is the payment made?

into a bank account Yes Noin cash Yes No

Other, please specify

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YOU

1 Do you pay out any money in connection with your work?

 Yes No go to Question 8

2 Travel costs (between home and workplace only)

£ per week per month other

If other, please specify

3 Trade union dues

£ per week per month other

If other, please specify

4 Subscriptions to a professional body

£ per week per month other

If other, please specify

YOUR PARTNER

1 Do you pay out any money in connection with your work?

 Yes No go to Question 8

2 Travel costs (between home and workplace only)

£ per week per month other

If other, please specify

3 Trade union dues

£ per week per month other

If other, please specify


4 Subscriptions to a professional body

£ per week per month other

If other, please specify

YOU

12 If Yes, how much do you pay in total for your mortgage(s)?

 Detail the cost of your mortgage loan, mortgage-linked life assurance policy premiums, and mortgage protection premiums. If you and your partner have a joint mortgage, please state the total payable by both of you below.

Mortgage loan cost £ .

Mortgage life assurance £ .

Mortgage protection £ .

Total paid £ .

per week per month other

If other, please specify


What is the name of your mortgage lender?

What is your mortgage account number?

13 Do you rent the house you live in?

Yes No  go to Question 15

14 If Yes, how much is the total rent?


 Please provide documentary evidence of payments. This is the gross figure before any housing benefit or rent allowance is deducted.

£ .

per week per month other

If other, please specify

What is the name of the landlord?

 now go to Question 17

15 Are you living in someone else's house?

Yes No  go to Question 17

If Yes, how much do you pay for your board and lodging?


£ .

per week per month other

If other, please specify

YOUR PARTNER

12 If Yes, how much do you pay in total for your mortgage(s)?

 Detail the cost of your mortgage loan, mortgage-linked life assurance policy premiums, and mortgage protection premiums. If you and your partner have a joint mortgage, please state the total payable by both of you below.

Mortgage loan cost £ .

Mortgage life assurance £ .

Mortgage protection £ .

Total paid £ .

per week per month other

If other, please specify


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£ .

per week per month other

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£ .

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If other, please specify

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either you or your partner should sign the form here

YOUR DECLARATION (THE APPLICANT) OR THE 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 these 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 under the "Partner" heading.

- 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 your partner was asked at section D to give full information on the form under the "Partner" heading, the following declaration and authority must be signed by the partner whose details have been given.

I certify:

- a) the information given in this application form is to be 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 these 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.

KEY TO SYMBOLS



indicates the next question you should answer



examples or further information on a specific question are provided



you should send extra documents as evidence with your application



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.

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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.

You should now

Use the Checklist to help make sure you send us all the documents we ask for.

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.

Make sure you pay enough postage when sending this form. Go to your local post office and ask them to tell you the postage to be paid. One first or second class stamp will not cover the postage and the Royal Mail will return your application to you.

- 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 2082.