



# Part A - About you

## Your relationship status

If you have a partner, you must fill in the details below, and throughout the rest of the form where necessary. 'Partner' refers to a person you are married to or a person you normally live with as a couple.

## Your benefit status

See Note 4

10a Do you or your partner receive any of the following benefits?	You	Your partner
Income Support	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Income-Related Employment and Support Allowance (ESA)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Income-Based Jobseeker's Allowance (JSA)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Guarantee State Pension Credit	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
10b Are you included in your partner's benefit claim?	No <input type="checkbox"/> if no, please complete a CDS15 Yes <input type="checkbox"/>	
10c If you have been remanded into court custody <b>and</b> you claim Income-Based JSA when did you last sign on?	Date...../...../.....	

## Your partner's details - if you don't have a partner, go to page 3.

See Note 5

11 Is your partner involved in the case as:																							
Victim <input type="checkbox"/>	Prosecution witness <input type="checkbox"/>	Co-defendant with a conflict <input type="checkbox"/>	None <input type="checkbox"/>																				
12 Your partner's first name:	13 Your partner's surname:																						
14 Your partner's date of birth: ...../...../.....	15 Your partner's NI No: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
16 Partner's address if different from your own:																							

See Note 6

17 Your partner's current contact details if they are unable to sign the declaration on this form:	
Place and address where they are staying e.g. the name of the hospital and ward:	_____
	_____
Please give reasons why your partner is unable to sign:	_____
	_____
	_____

Further information.

See Note 7

See Note 8

Are you male or female?

Male  Female  Prefer not to say

**Disability Monitoring**

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 normal day-to-day activities.

If a client considers himself or herself to have a disability please select the most appropriate definition. If the client has multiple disabilities please select the definition that reflects the predominant disability.

Definitions:

Not Considered Disabled	<input type="checkbox"/>	Cognitive Impairment	<input type="checkbox"/>
Physical Impairment	<input type="checkbox"/>	Long-Standing Illness Or Health Condition	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Learning Disability/Difficulty	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

**Equal Opportunities Monitoring** Tick all the boxes which apply.

**Ethnic Monitoring**

White		Mixed		Asian or Asian British		Black or Black British		Chinese		Other Ethnic Group	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>			Prefer not to say	<input type="checkbox"/>
White other	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black other	<input type="checkbox"/>				
		Mixed other	<input type="checkbox"/>	Asian other	<input type="checkbox"/>						

This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.



**And (tick whichever applies)**

- My case has been sent to the Crown Court for trial under section 51 of the Crime and Disorder Act 1998.\*
- My case has been transferred to the Crown Court for trial. \*
- I was committed for trial to the Crown Court.\*
- I was convicted and/or sentenced and I want to appeal against the conviction or sentence.
- I was convicted and committed for sentence to the Crown Court.\*
- A retrial has been ordered under the Criminal Appeal Act 1968.\*
- Other (please give the nature of the hearing)

\*Sections 4a and 4b do not need to be completed.

**3 Outstanding matters**

If there are any other outstanding criminal charges or cases against you or your partner, give details, including the court where you are due to appear.

**4 Reasons for wanting legal aid**

**See Note 10**

**4a. Please tick the reason or reasons below which apply to your case.**

- (i) It is likely that I will lose my liberty if any matter in the proceedings is decided against me.
- (ii) I have been given a sentence that is suspended or non-custodial. If I break this, the court may be able to deal with me for the original offence.
- (iii) It is likely that I will lose my livelihood.
- (iv) It is likely that I will suffer serious damage to my reputation.
- (v) A substantial question of law may be involved (whether arising from legislation, judicial authority or other source of law).
- (vi) I may not be able to understand the court proceedings or present my own case.
- (vii) Witnesses may need to be traced or interviewed on my behalf.
- (viii) The proceedings may involve expert cross-examination of a prosecution witness (whether an expert or not).
- (ix) It is in the interests of another person (such as the person making a complaint or other witness) that I am represented.
- (x) Any other reasons.

4b. Please give details of the reason or reasons you selected in question 4a:

5 Legal Representation

- = You must tell the solicitor that you have named him or her on this application.
- = If you have been charged with another person or people, the court may appoint a solicitor other than the solicitor of your choice

The solicitor I want to act for me is:

Give the firm's name and address if known:

Give the firm's DX number if known:

Give the firm's fax number if known:

Give the firm's telephone number if known:

Declaration to be completed by the legal representative

I,....., representing the applicant, confirm that I am authorised to provide representation under a contract issued by the Legal Services Commission (e.g. Unified Contract (Crime) July 2008 or an Individual Case Contract).

I understand that only firms with a contract issued by the Commission (e.g. The Unified Contract (Crime) July 2008 or an Individual Case Contract) may provide representation in the magistrates' court or Crown Court.

Or

I,....., representing the applicant, confirm that I have been instructed to provide representation by either:

- a firm who holds a contract issued by the Legal Services Commission (e.g. The Unified Contract (Crime) July 2008 or an Individual Case Contract), or;
- a solicitor employed by the Legal Services Commission in a Public Defender Office who is authorised to provide representation.

Signature ..... Date ...../...../.....

Legal Service Provider LSC account number

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# Part C - Declaration

See Note 11

You must complete declarations which apply to your application.

## Authority by your partner

If you have a partner whose details have been completed on this form, they must sign the authority below.

This is a true statement of my financial circumstances, \*as supported by the information detailed on the CDS15 (\*delete if not applicable).

I agree to the Legal Services Commission, HM Courts Service or my partner's solicitor checking these facts with others such as the Department for Work and Pensions and HM Revenue & Customs. I authorise those people or organisations to provide the information that they may request.

Signature..... Date...../...../.....

Full name (in BLOCK CAPITALS).....

## Your declaration

This is a true statement of my financial circumstances and that of my partner. I understand that if I tell you anything untrue on this form, or the documents I send with it, or leave anything out:

- a) I may be taken to court; or
- b) I may have to repay all of the cost of my legal aid to the Legal Services Commission, and in addition, my legal aid may be taken away.
- c) The Legal Services Commission may vary the amount of any Contribution Order I have to pay (if my case is in the Crown Court)

I understand that, in Crown Court proceedings, the information given in this form will be used to determine my liability to contribute to the costs of my defence representation under an Income Contribution Order (during the case) and a Final Contribution Order (at the end of my case if I am convicted).

I understand that I am required to tell my solicitor and write to the Court if I no longer want representation and I understand that if I decline representation, I may still be liable for costs incurred to that point.

I understand that if I have made a statement that is false, or I knowingly withhold information my legal aid may be withdrawn and I may be prosecuted under s21 of the Access to Justice Act 1999, which may result in a prison sentence or a fine.

I authorise such enquiries as are considered necessary to enable HM Courts Service or the Legal Services Commission or my solicitor to ascertain my or my partner's true financial position.

I consent to the disclosure of any information by other parties that may assist in their enquiries.

I consent to the Legal Services Commission or my solicitor contacting my partner for information and/or evidence I have given about their means.

I will:

- d) Provide more evidence if the Legal Services Commission or HM Courts Service ask; and
- e) Tell the Legal Services Commission or HM Courts Service if anything I have said here changes

I consent to the Legal Services Commission, HM Courts Service or my solicitor contacting my partner where they are unable to sign or fill in the form, to verify his or her financial information.

I understand that if the information is incorrect or my partner refuses to provide information my legal aid may be withdrawn (if my case is in the magistrates' court) or I may be liable to pay sanctions (if my case is in the Crown Court).

I understand that if my case goes to the Crown Court or any higher court, I may be required to pay some or all of the costs of the proceedings through a Recovery of Defence Costs Order, or, Crown Court Income Contribution Order during the proceedings and, if I am convicted, a Final Contribution Order at the conclusion of the proceedings.

I understand that, if my case goes to the Crown Court, if I fail to pay one or more monthly payments in accordance with my Income Contribution Order, interest may be charged and/or enforcement proceedings may be brought against me and I may have to pay the costs of those enforcement proceedings in addition to the payments required in my Contribution Order.

Additionally, if I am convicted and I am ordered to pay a Final Contribution Order, if I do not pay that amount, then interest may be charged and/or enforcement proceedings may be brought against me in the county court or High Court, which could result in a charge being placed on my home. I will also be liable for the costs of those enforcement proceedings.

I also understand that I may be required to provide details of my financial circumstances to HM Courts Service or the Legal Services Commission, so that the Legal Services Commission or HM Courts Service can consider whether an Order should be made and the terms of that Order.

Signature..... Date...../...../.....

Full name (in BLOCK CAPITALS).....

