



FAX EMERGENCY APPLICATION

CLSAPP6

Total Number of Pages (including this page) _____

To be sent by fax only.

Do not use this form if you have already granted emergency funding using devolved powers. Devolved grants should be reported on CLSAPP1 and CLSAPP3. **This form should only be used where there is no time to make a full application by post or DX.**

Your client's details

Title: _____ Initials: _____

Surname: _____

First Name: _____

 Surname at Birth: _____
(if different)

Date of Birth: ____ / ____ / ____

 Sex: Male Female Prefer not to say

Marital Status: _____

 Address: _____

_____ Postcode: _____

 Correspondence Address if different: _____

_____ Postcode: _____

 Has your client applied for Legal Aid before? Yes No

If known, give our reference numbers and brief description of the proceedings: _____

Application summary

Details on following statement of case.

Cost estimate: £ _____ for urgent work only, at LSC rates, including disbursements & counsel, (excl VAT)

Proceedings (specify e.g. family injunction, possession etc).

Opponent's name(s): _____

Urgency (including hearing date and court, if applicable). _____

Your details (instructed solicitor)

Account number: _____

Roll number: _____

Name of organisation: _____

Name of solicitor or Fellow of the Institute of Legal Executives: _____

Solicitor's reference: _____

Phone: _____

Fax: _____

⁴ The solicitor or Fellow instructed must have a valid practising certificate. The LSC will not pay for any work done during any period in which the solicitor does not have a practising certificate.

Financial eligibility summary

Is the client in receipt of Income Support, Income-based Job Seeker's Allowance, Income-based Employment and Support Allowance or Guarantee Credit?

 Yes No

If "No" complete the Means Assessment section on pages 4 & 5.

Certification

 I certify that:

i) I have explained to the client the importance of co-operating in full with any means assessment required and the acceptance of any offer of a full certificate.

ii) I understand, and have explained to the client, that any grant will be made on condition that fully completed means and application forms (emergency and substantive) appropriate to the case are received in the regional office within 5 working days of the date of the grant, and that the information contained in them confirms in all material respects the information provided on this form.

iii) I have explained to the client the operation of the statutory charge where relevant.

iv) My office's 2010 Standard Civil Contract authorises Licensed Work in the proceedings to which this application relates (or I have a 2010 Standard Crime Contract and the application relates to Associated CLS Work).

Signed: _____ Date: _____

Name: _____

(A Solicitor or Fellow of the Institute of Legal Executives).

Statement of case

- 4 Failure to provide all of the following details will result in this application being rejected.
What is the main purpose of this application?

Estimate of costs

(estimate your likely costs for all CLS funded work to be done in this case (not just urgent work), including other levels of help, including disbursements and counsel fees excluding VAT. Where known, Legal Aid costs incurred by a previous provider for the same client and case should also be included in the estimate).

If your estimate of likely costs/disbursements meets the Funding Code criteria for Very Expensive Cases (over £25,000) please attach a copy of an up to date case plan and submit this application to the Special Cases Unit direct.

Benefits to be obtained

Quantifiable claims :

If this is a quantifiable claim please estimate the likely value:

Please tell us the ratio of the value of the claim to the costs to disposal:

Value of claim: Costs to disposal: Ratio: :

Unquantifiable claims :

What benefit is your client hoping to obtain, and why is this important to the client?

Merits

Which of the following best describes the prospects of achieving the outcome your client wants?:

A Very good (80% or more)

B Good (60-80%)

C Moderate (50-60%)

D Borderline

E Poor

F Unclear

4 If you have ticked D or F, please say what factors lead you to make this assessment and why CLS funding should be given.

Opponent's details

4 including name, whether receiving Legal Aid, and if so our case reference if known, ability to pay damages, if appropriate.

Other people's details

4 directly or indirectly involved and/or standing to gain from this action, whether able to supply alternative funding

Relevant key dates

e.g. agreements, knowledge, incidents, judgements, decisions etc.

Proceedings

4 If proceedings have commenced and the case has been allocated to a track, please specify whether fast or multi-track.

All other relevant information

4 details of events/circumstances of the case.

Date client became aware of proceedings _____

Why is the case urgent?

Means Assessment Section

Does the client have a partner whose means are to be aggregated?

- Yes Please complete PARTS A and B as applicable providing details of both client's and partner's means.
- No Please complete PARTS A and B as applicable providing details of client's means only.

Part A Capital

Capital includes:

- 4 Equity in home above £100,000 (after allowing up to £100,000 for mortgage(s) outstanding)
- 4 Savings (bank, building society, etc)
- 4 Investments (including shares and insurance policies)
- 4 Valuable items (eg boat, caravan, jewellery, etc)
- 4 Other capital (including money due to the client)

TOTAL CAPITAL

Capital excludes:

- 4 Subject matter of dispute (up to a maximum amount of £100,000).
- 4 Household furniture and effects (unless exceptional value)
- 4 Clothes, Tools of trade

TOTAL CAPITAL (Client and Partner)

Client	Partner
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

Part B Income

- 4 Use monthly figures
(if paid weekly, multiply by 52 & divide by 12)
(if paid four weekly, multiply by 13 & divide by 12)

Income includes:

- 4 Gross monthly earnings
- 4 Other income
(including child benefit, pensions, maintenance, dividends, tax credits, benefits in kind, etc)

TOTAL GROSS INCOME

TOTAL GROSS INCOME (Client and Partner)

£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

	Client	Partner
TOTAL GROSS INCOME (brought forward)	£ _____	£ _____
Less monthly allowances:		
4 Housing costs, including:		
Mortgage instalment* (capped if client has no dependants)	£ _____	£ _____
Rent* (capped if client has no dependants)	£ _____	£ _____
* amounts should be net of housing benefit		
4 Dependants' allowances:		
Partner	£ _____	
Dependants Aged 15 and under	£ _____	
Dependants Aged 16 or over	£ _____	
4 Tax and National Insurance	£ _____	£ _____
4 Standard allowance for employment expenses	£ _____	£ _____
4 Maintenance payments actually being made (eg for children and/or a former/separated spouse)	£ _____	£ _____
4 Childcare costs because of work/self employment	£ _____	
TOTAL ALLOWANCES	£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME	£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME (Client and Partner)		£ _____