

Application for CLS funding certificate



Legal Representation Non-family Proceedings

Emergency Application? Yes No

Please complete in block capitals

Your client's details

Completion of this section is compulsory

Title: _____ Initials: _____
 Surname: _____
 First name: _____
 Surname at birth (If different): _____
 Address: _____

 _____ Postcode: _____
 Phone Number: _____
 Date of birth: ____ / ____ / ____ NI Number: _____
 Sex: Male Female
 Marital status: Single Married Divorced Widowed
 Separated Civil Partner Cohabiting

Equal Opportunities Monitoring

P Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

Please tick the boxes which your client would describe themselves as being:

Ethnic Monitoring

White

- (a) British
 (b) Irish
 (c) White Other

Black or Black British

- (a) Black Caribbean
 (b) Black African
 (c) Black Other

Mixed

- (a) White and Black Caribbean
 (b) White and Black African
 (c) White and Asian
 (d) Mixed Other

Chinese

Asian or Asian British

- (a) Indian
 (b) Pakistani
 (c) Bangladeshi
 (d) Asian Other

Other

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 persons ability to carry out normal day-to-day activities.

Does your client consider himself or herself to have a disability? Yes No

Previous Legal Help and any other funding

If you have already provided Legal Help to this client on the same matter, please supply the following information:

Costs and disbursements to date (actual amount not the TFF): £ _____ : _____

Description of work done:

If you have not provided Legal Help please state why your client is applying for funding for Investigative Help/Legal Representation at this stage:

Has your client received any public funding before?

Yes No

If yes, please supply LSC reference number and brief details:

If your client is married/has a civil partner or is cohabiting does that partner currently receive public funding?

Yes No

If yes, please supply LSC reference number: _____

If no, please supply partner's name and date of birth: _____

Your details (instructed solicitor)

Supplier number:

Name of organisation: _____

Phone: _____ Fax: _____

E Mail: _____

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

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

Your case reference: _____

Contact name for enquiries: _____

Your client's involvement

Is your client: bringing the case? defending the case? involved in another way?

If involved in another way, say how: _____

Date your client first visited your firm about **this** case: ____ / ____ / ____

What is the main purpose of this application?

What are you applying for?

Investigative help

Legal Representation

Tell us what work needs to be done under the certificate applied for. Please use standard wordings for certificates (including limitations) where possible.

Proceedings:

Limitations:

Type of case

Tick all boxes relevant to this case. This will assist us in sorting applications on receipt.

Clinical Negligence

Consumer/Contract

Community Care

Housing

Debt (this does not include the small claims track)

Other Public Law

Immigration

Education

Actions against the police etc

Mental Health (this does not include the Mental Health Review Tribunal)

Associated CLS work (judicial review or habeas corpus arising out of a criminal matter or proceedings under the Proceeds of Crime Act 2002. Note that all applications under the 2002 Act should be made to the Commission's Special Case Unit (where the claimant is the Assets Recovery Agency) or, in all other cases, to London Regional Office 11th Floor, Exchange Tower, 2 Harbour Exchange, London, E14 9GE

Employment Appeal Tribunal

Other (please state) _____

Does any part of the application relate to services which are generally excluded under schedule 2 of the Access to Justice Act 1999. Please tick whichever of the following apply:

personal injury proceedings

negligent damage to property

conveyancing

wills

boundary disputes

defamation or malicious falsehood

trust law

matters arising out of the carrying on of a business

company or partnership law

Note: funding may only be granted if authorised under the Lord Chancellor's directions - **See Section 3 of The Funding Code Guidance.**

Prospects and Costs

Applications for Investigative Help

- i) State why prospects of success are unclear and what work needs to be done to determine the strength of the claim. (Note: this is only available where prospects of success are unclear. It is not available for Family, Immigration or Mental Health cases other than for judicial review applications)
-
-

- ii) If the claim is primarily for damages is the likely value of the claim £5000 or more?
 Yes No

If no state why you consider the application should be granted:

- iii) Estimate the likely costs to investigate the strength of the claim (at legal aid rates, excl VAT) £_____ : _____ Estimate disbursements in addition to this £_____ : _____ (excl. VAT).

Applications for Full Representation Only

- i) Which of the following best describes the prospects of achieving the outcome your client wants?

- A Very good (80%+) B Good (60-80%) C Moderate (50-60%) D Borderline E Poor

If you have ticked boxes D, or E say what factors led you to make this decision and why CLS certificate funding should be given. Note that funding will normally be refused if box D is ticked unless any of the following applies (please tick).

- Case has overwhelming importance to the client
 Case has a significant wider public interest
 Client is bringing or defending a possession action (housing)
 Case raises significant human rights issues against a public authority

If any boxes are ticked please make sure you make reference to the relevant issues in the statement of case on page 9.

Prospects and Costs continued

Costs/Benefits

For applications for Investigative Help this section must be completed in so far as the information is available.

Costs

Please estimate the cost of work done with legal aid (including work done or to be done on the same matter with legal aid at any other level, excluding private costs) at LSC rates, including disbursements (including counsel), excluding VAT. Include legal aid costs incurred by a previous solicitor for the same matter if you know what these are:

What are your legal aid costs for this client to date in this matter? £ _____ : _____

What is your estimate of legal aid costs (inc legal help) incurred by any previous solicitor in the same matter? £ _____ : _____

Estimated costs to settlement or other disposal £ _____ : _____

Why do you consider that the case will settle or otherwise be disposed of before trial?

How have you calculated costs to settlement/disposal (i.e. what work is included, briefly)?

How have you calculated costs to trial (what work is included, briefly)?

Damages

If this is a money case, whatever your client's involvement in this case, estimate the likely value of the damages claim:

Please tell us the ratio of costs to damages:

Ratio: costs : damages

Opponent's details

u Please provide as much of the following information as you can:

u Please attach an extra sheet if there is more than one opponent

Title: _____ Initials: _____ Surname or organisation name: _____

First name: _____ Date of Birth: _____

Address: _____

Town: _____

County: _____ Postcode: _____

Job: _____ Relationship to client: _____

Is the opponent insured against your client's claim?

Yes

No

Don't know

Tell us any information you have about the opponent's financial resources and why you think they will be able to pay any monies which the court orders to be paid to your client.

u note that your estimate of damages to be recovered should be discounted if there is doubt regarding the opponent's ability to pay.

Has the opponent applied for legal aid or CLS Funding for this case?

Yes

No

Don't know

If known, tell us our case reference number(s): _____

Interested Parties

Is anyone else involved directly or indirectly in this case (excluding the opponent)?

Yes

No

Tell us how they are involved:

Former spouse or cohabitant Litigation friend

Other (give details) _____

Please provide the following details about this other person:

Title: _____ Initials: _____ Surname or organisation name: _____

Address: _____

Town: _____

County: _____ Postcode: _____

Date of Birth: ____ / ____ / ____ Job: _____

If the other person/people or organisation stands to gain anything if your client's action is successful, tell us how they stand to gain: u this must always be completed for cases where wider public interest is alleged

Interested Parties continued

Is there any other organisation able to assist with any or all of the legal costs (for example trade union or trust fund)?

Yes

No

Don't know

If yes, what financial assistance can they offer?

If your client has a policy or membership which provides for help with legal costs, please tell us why your client does not take this up or why it is not available to provide assistance in this case:

Conditional Fee Agreements (CFAs)

Complete this section only if the application falls under the General Funding Code or is part of a multi-party action.

Do you believe this case is suitable for a CFA?

Yes

No

If no, please give your reasons.

Have you attempted to secure after-the-event insurance?

Yes

No

If yes, what was the response?

Before the Event Insurance (BTE)

Does your client have insurance cover for any of the following:

Buildings insurance?

Yes

No

Contents insurance?

Yes

No

Motor insurance?

Yes

No

If yes to any of the above, please confirm that you have checked these policies to see if they include legal expenses insurance.

Yes

No

Does your client have any form of legal expenses insurance?

Yes

No

If yes, please attach a copy of the policy.

Alternatives to litigation

a) Has your client tried to resolve the dispute by negotiation?

Yes No

If yes, please give details of the opponents response and any proposals your client or the opponent has made to settle or avoid the dispute.

If no, please state why not:

b) Is there a complaints or ombudsman scheme which you could refer this matter to?

*u This section **must** be completed for actions against the police, clinical negligence and judicial review applications*

Yes No

If yes, have you applied to the scheme? Yes No

If not, please tell us why you have not applied:

If so, please tell us the outcome:

c) Has your client or the opponent proposed mediation or other alternative dispute resolution?

Yes No

If no, please state why not:

If yes, please tell us the outcome:

Statement of case

Background information and history

Use this page and/or separate sheet(s) for a statement of what has happened so far in this case, including details of any court proceedings so far.

Include any additional information which will help the caseworker apply the Funding Code in this case. You must provide sufficient information to satisfy the Funding Code criteria applicable to the case including the benefit likely to be obtained

Public interest cases

u *If you are contending that this case has public interest please complete this section*

Please state by reference to the Funding Code definition why your client's claim has a significant wider public interest case (i.e. has potential to produce real benefits for individuals other than the client):

Give details of those who will benefit, in addition to your client, estimate numbers and describe nature of benefit:

u *Section headed "Interested Parties" on page 6 **must** be completed where wider public interest is claimed*

Overwhelming importance to the client

u *If you are contending that this case has overwhelming importance to the client please complete this section*

Please describe how you consider your client's case meets the Funding Code definition of the above:

Human Rights cases

u *If you are contending that this case has human rights elements please complete this section*

Please describe any human rights elements of your client's claim, specifying which Articles of the European Convention on Human Rights your client will rely upon and whether the human rights issue is significant:

Emergency details

Have you submitted a full application? Yes No

u *If yes, you should only complete the sections of this form where the information will be different from the full application.*

Has the regional office already granted emergency representation? Yes No

Give our case reference number: _____

Why do you consider this case to be urgent?

If granted using devolved powers

Date used ____ / ____ / ____

Please give a brief description of the proceedings covered, the wording codes used for the proceedings and any limitations or conditions

Declaration to be signed by the applicant

My solicitors have given me to keep:

- u the Legal Services Commission's leaflet about CLS funding (the CLS Direct Information Guide 'A Step-by-Step Guide to Legal Aid');
- u the Legal Services Commission's leaflet explaining the statutory charge.

My solicitors have explained the LSC statutory charge to me. **In particular, my solicitors have advised whether there is a risk that at the end of my case, I will have to accept an interest - bearing charge on my home.**

As far as I know, all the information I have given is true and I have not withheld any relevant information. I understand that if I knowingly give false information or withhold relevant information my CLS funding may be stopped and criminal proceedings may be taken against me.

Signed: _____ Date: ____ / ____ / ____

This declaration must be signed by the applicant

Client Security Password:

It will not be possible for the Legal Services Commission to discuss this matter over the telephone with you or your solicitor unless your identity can be verified. A password should be provided by the applicant which will be requested at the start of any telephone conversation:

Password (in Block Capitals)

Prompt (a word that will help you remember your password)

Certification

I certify that:

- I have explained to the client their obligations and the meaning of their declaration.
- I have given to the client to keep the LSC's leaflets referred to in their declaration and have explained the statutory charge to them.
- I have provided as accurately as possible all the information requested on this form.
- My office's Unified Contract Schedule authorises Licensed Work in the proceedings to which this application relates (or I have a General Criminal Contract and the application relates to Associated CLS work).

Signed: _____ Date: ____/____/____

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

Name: _____

Declaration Clinical Negligence cases only

I declare that:

I am a member of an approved accreditation panel and that I am either the category supervisor or conducting solicitor and have checked and approved the application.

Signed: _____ Date: ____/____/____

Name: _____

Data Protection Act - access to personal data

The information you provide in this form and any subsequent information we may receive will be used to process your application for Legal Aid. It will be kept in accordance with the Principles of the Data Protection Act 1998 and any relevant confidentiality provisions.

If necessary, we may verify or share the information you provide with other organisations, such as: the Department for Work and Pensions, HM Revenue and Customs, Land Registry, Companies House and on occasion Credit Reference Agencies. We will only share the information if it is necessary to protect public funds or where we are lawfully required to do so.

The Legal Services Commission may also process your information to produce management or research information. The results of our research will only be published in a statistical or anonymised form.

The information will be kept for as long as is necessary in order for the Legal Services Commission to fulfil its functions under the Access to Justice Act 1999. You have the right to make a formal request in writing for access to personal data held about you, to inspect it, and have it corrected if it is wrong.

Enclosures

a Any enclosures should not be the originals, except the means assessment and L17 forms.

The enclosures sent in support of this application are:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> pleadings | <input type="checkbox"/> affidavit(s) | <input type="checkbox"/> court order(s) | <input type="checkbox"/> expert report(s) |
| <input type="checkbox"/> copy letters before action and responses (if any) | | | |
| <input type="checkbox"/> contract(s)/
agreement(s) | <input type="checkbox"/> CLSMEANS1 | <input type="checkbox"/> CLSMEANS1A | <input type="checkbox"/> CLSMEANS1B |
| <input type="checkbox"/> CLSMEANS1C | <input type="checkbox"/> CLSMEANS2 | <input type="checkbox"/> CLSMEANS3 | <input type="checkbox"/> CLSMEANS4 |
| <input type="checkbox"/> CLSMEANS5 | <input type="checkbox"/> client's L17 | <input type="checkbox"/> Case plan -
very expensive
cases only | <input type="checkbox"/> partner's L17 |
| <input type="checkbox"/> other (give details) _____ | | | |