



Family Help (Lower) Public Law

To be completed when advising parents or those with parental responsibility for a child where the local authority has given written notice that it intends to issue proceedings under Section 31.

Please complete in Block Capitals

Equal Opportunities Monitoring

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

Mixed

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

Asian or Asian British

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

Black or Black British

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

Chinese

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. 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"/> | | |

Your client's details

Title: _____ Initials: _____

Surname: _____

First name: _____

Surname at birth: _____
(if different)

Date of birth: ____ / ____ / ____ National Insurance no: | | | | | | | | | |

Sex: Male Female

Marital status: Single Married/Cohabiting Married but separated

Divorced Civil Partner Widowed

Place of birth: _____ Job: _____
(town)

Current address: _____

Town: _____

County: _____ Postcode: _____

Criteria for level of service.

Has evidence of the local authority giving written notice of the potential Section 31 proceedings been provided? Yes No

Is the client a parent or person with parental responsibility for the child who is the subject of the intended proceedings? Yes No

Client's Certification

Please tick the box below which applies to you:-

- I have not already received Family Help (Lower) from a solicitor or contracted supplier on this matter.
- I have already received Family Help (Lower) from a solicitor or contracted supplier on this matter. If so, please state when

As far as I know all the information I have given is true including information as to my means and I have not withheld any relevant information.

I understand that if I give false information the services provided to me may be cancelled and I may be prosecuted.

Signed: _____

Date: _____

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.

Time spent and costs

Item	Time Spent
1. Attendance	_____
2. Preparation	_____
3. Travel and Waiting	_____
Total:	_____

Item	Number
1. Letters written	_____
2. Phone calls	_____

Total Profit Costs £ _____ **Vat** £ _____

Disbursements	Amount	Vat
Mileage	£ _____ :	£ _____ :
Other disbursements	£ _____ :	£ _____ :
Total	£ _____ :	£ _____ :

Dated _____

Note: When calculating profit costs, the time spent on each activity and the letters and telephone calls must be separated out according to the remuneration rate which applied at the time the work was carried out. Part B to your Unified Contract Specification sets the rates for Contract Work and specifies when franchised or non franchised rates must be charged. See also Part E of Volume I of the LSC Manual.

Remember that you may not charge separately for letters in.

The totals for profit costs and disbursements from this form should be the same (after adding VAT) as those reported by you in relation to the matter on the Consolidated Matter Report Form.