



Legal Help, Help at Court and Family Help (Lower)

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

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. 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: _____

Supplier's Details

(Only complete when submitting a copy of this page with an application for extension of a Cost Limit)

Please complete in Block Capitals

Name of supplier: _____

Address of supplier: _____

Town: _____

County: _____

DX (with exchange): _____ Postcode: _____

Telephone number: _____

Contract number: _____

Financial Eligibility

The client is directly or indirectly in receipt of Income Support, Income based Jobseekers Allowance or Guarantee State Pension Credit.

Yes

No

The client is directly or indirectly in receipt of NASS payment (**Immigration and Asylum category work only**)*

Yes

No

If the client receives Income Support, Income based Jobseekers Allowance, Guarantee State Pension Credit or NASS payments (*see above) go directly to Evidence Section on page 3. For all other clients parts A and B must be completed.

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

Yes Please complete PARTS A and B providing details of both client's and partner's means.

No Please complete PARTS A and B providing details of client's means only.

Part A Capital

Capital includes:

Equity in home above £100,000 (after allowing up to £100,000 for mortgage(s) outstanding)

Savings (bank, building society, etc)

Investments (including shares and insurance policies)

Valuable items (eg boat, caravan, jewellery, etc)

Other capital (including money due to the client)

Capital excludes:

Subject matter of dispute

Household furniture and effects (unless exceptional value)

Clothes, Tools of trade

TOTAL CAPITAL

TOTAL CAPITAL (Client and Partner)

<i>Client</i>	<i>Partner</i>
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

£ _____

Part B Income

Use monthly figures
(if paid weekly, multiply by 52 & divide by 12)

(if paid four weekly, multiply by 13 & divide by 12)

Income includes:

Gross monthly earnings

Other income
(including child benefit, pensions, maintenance, dividends, tax credits, benefits in kind, etc)

TOTAL GROSS INCOME

TOTAL GROSS INCOME (Client and Partner)

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

£ _____

		<i>Client</i>	<i>Partner</i>
TOTAL GROSS INCOME (brought forward)		£ _____	£ _____
Less monthly allowances:			
P	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	£ _____	£ _____
P	Dependants' allowances:		
	Partner	£ _____	
	Dependants Aged 15 and under	£ _____	
	Aged 16 or over	£ _____	
P	Tax and National Insurance	£ _____	£ _____
P	Standard allowance for employment expenses	£ _____	£ _____
P	Maintenance payments actually being made (eg for children and/or a former/separated spouse)	£ _____	£ _____
P	Childcare costs because of work/self employment	£ _____	
TOTAL ALLOWANCES		£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME		£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME (Client and Partner)			£ _____

Evidence

Evidence given in support of means Yes No

If no, please record justification or exceptional circumstance.

Client's Certification

Please tick the box below which applies to you:-

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

I agree to my solicitor or contracted supplier having a first charge on any money or property (including costs) which I recover or preserve in or in relation to the matter for which I am being advised. (Personal injury, clinical negligence and family matters only).

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.

Note to solicitor: Please ensure you complete any relevant boxes on page 5.

Legal Help and Help at Court

Tick the relevant box below if you have:

Travelled out of the office to visit the client, other than at court.

Accepted an application from a child or patient or someone on their behalf.

Provided Legal Help to a client who has already received it on the same matter within the last 6 months.

Given telephone advice before the signature of the form.

Claimed for outward travel before the signature of the form.

Accepted a postal application.

Family Help (Lower) - **private law**

Are the relevant Funding Code criteria for Family Help (Lower) met and does the case satisfy the conditions including the criteria for a significant family dispute as set out in the Family Specification?

Yes

No

Was an application for Legal Representation made in this matter?

Yes

No

Time spent and costs

Item	Time Spent
1. Attendance	_____
2. Preparation	_____
3. Help at Court	_____
4. Travel and Waiting	_____
Total:	_____

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

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

Value or amount of contractual or statutory charge £ _____

Disbursements	Amount	Vat
Mileage	£ _____ :	£ _____ :
Other disbursements	£ _____ :	£ _____ :
Total	£ _____ :	£ _____ :
Counsel's fees	£ _____ :	£ _____ :

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, disbursements and counsel's fees from this form and the Controlled Legal Representation Form (if applicable) should be the same (after adding VAT and net of the amount of the statutory charge and any payment on account), as those reported by you in relation to the matter on the Consolidated Matter Report Form. Where a staged bill has been submitted in an Immigration matter a separate copy of this page should be completed for each stage reported on the CMRF.