



# PROTECT- PERSONAL INFORMATION

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

**Making a false declaration is an offence. If you are found doing so, you may be prosecuted and asked to repay your costs in full.**

### Equal Opportunities Monitoring

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

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 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"/> | Prefer not to say                         | <input type="checkbox"/> |

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

### Your client's details

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Surname at birth: \_\_\_\_\_  
*(if different)*

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ National Insurance no: | | | | | | | | | |

Sex:  Male  Female  Prefer not to say

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: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 DX (with exchange): \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Contract number: \_\_\_\_\_

## Financial Eligibility

The client is directly or indirectly in receipt of Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Guarantee 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 Jobseeker's Allowance, Income-related Employment and Support Allowance, Guarantee 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:**

- 4 Equity in any property (after allowing up to £100,000 for mortgage(s) outstanding, and equity disregard of £100,000 for main dwelling only)
- 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*)

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

**Capital excludes:**

- 4 Subject matter of dispute
- 4 Household furniture and effects (unless exceptional value)
- 4 Clothes, Tools of trade

**TOTAL CAPITAL**

**TOTAL CAPITAL (Client and 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)**

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

£ \_\_\_\_\_

	<i>Client</i>	<i>Partner</i>
<b>TOTAL GROSS INCOME (brought forward)</b>	£ _____	£ _____
<b>Less monthly allowances:</b>		
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	£ _____	
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	£ _____	
<b>TOTAL ALLOWANCES</b>	£ _____	£ _____
<b>TOTAL MONTHLY DISPOSABLE INCOME</b>	£ _____	£ _____
<b>TOTAL MONTHLY DISPOSABLE INCOME (Client and Partner)</b>		£ _____

## Evidence

Evidence given in support of means                      Yes                       No

If no, please record justification or exceptional circumstance.

## **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 false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. Further details explaining how the information held by fraud prevention agencies may be used can be found on the Legal Service Commission website: <http://www.legalservices.gov.uk/civil/forms.asp>

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 including for the prevention, investigation and detection of fraud.

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.

## 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. (Family Help (Lower) cases which exceed the standard fee only).

This is a true statement of all my and my partner's income and assets in the UK and abroad.

I understand that I must tell you immediately if there are any changes in my or my partner's financial circumstances.

I agree that the LSC can contact other parties to check these facts and I authorise those parties to provide the information they are asked for.

I understand that the LSC may check my income and capital status with Her Majesty's Revenue and Customs (HMRC) and authorise HMRC to carry out such checks as are necessary to verify my financial status and give that information to LSC.

I understand that the LSC may confirm my receipt of continuing benefit with the Department of Work and Pensions (DWP). The DWP may carry out such processing as is necessary to check this information remains correct and may inform the LSC of any relevant changes.

I understand that if I give false information or withhold any relevant information the services provided to me may be cancelled at which point I will become liable to pay all the costs that have been incurred and I may be prosecuted.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Partner's declaration

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

This is a true statement of all my income and assets in the UK and abroad.

I agree to the LSC checking these facts with other parties such as the Department of Work and Pensions (DWP) and the HM Revenue and Customs (HMRC) and I authorise those parties (including HMRC and DWP) to provide the information they are asked for.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note to solicitor: Please ensure you complete any relevant boxes on page 6.**

## 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	£ _____ :	£ _____ :
<b>Total</b>	£ _____ :	£ _____ :
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. Please see the Payment Annex of the 2010 Standard Civil Contract for the appropriate rates.

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 your online submission. Where a staged bill has been submitted in an Immigration matter a separate copy of this page should be completed for each stage reported.