



# Legal Help and Controlled Legal Representation - Mental Health

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

#### 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

- 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

Unique Client reference number: \_\_\_\_\_

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: \_\_\_\_\_

# Matter Type

Providers Account Number: \_\_\_\_\_

Please refer to sections 9.15 to 9.19 of the Mental Health Specification in the 2010 Standard Civil Contract for full guidance

Please tick one box only.

Non Means Tested MHT  Non MHT  Non Means Tested Non MHT

If this is a non means tested matter, please go directly to the Case Details and merits Section on page 4.

## Financial Eligibility

The client is directly or indirectly in receipt of Income Support, Income-based Jobseekers Allowance, Income-related Employment and Support Allowance or Guarantee Credit.

Yes  No

**If the client receives Income Support, Income-based Jobseekers Allowance, Income-related Employment and Support Allowance or Guarantee Credit go directly to Evidence Section on page 3. For all other clients, the declaration with regard to a partner and 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)

### 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)

*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)

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

£ \_\_\_\_\_



## Case details and merits criteria

Please complete in all cases

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.

**Give a brief description of the case and the issues involved and confirm why it is reasonable to provide advice, assistance and/or representation.**

## 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.

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 from a solicitor or contracted supplier on this matter.
- I have already received Legal Help 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 I must tell you immediately if there are any changes in my or my partner's financial circumstances.

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:** \_\_\_\_\_

## Declaration and Grant

The information contained on this form is true to the best of my information and belief.

I confirm that the circumstances of this case justify the grant of Controlled Legal Representation in accordance with the Contract Specification.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

An advisor who is one of the approved personnel of your organisation.

## Terms of Grant

Controlled Legal Representation is granted (tick as appropriate):

- To be represented before the MHT up to and including the substantive hearing.

# Time spent and costs

Item	Time Spent LH	Time Spent CLR
1. Attendance	_____	_____
2. Preparation	_____	_____
3. Help at Court/Advocacy	_____	_____
4. Travel and Waiting	_____	_____
<b>Total:</b>	_____	_____

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

**Total Profit Costs** £ \_\_\_\_\_ **Vat** £ \_\_\_\_\_

MHT Level 1  Level 2  Level 3  or Non MHT   
 (Tick all levels to be claimed)

Number of MHT Adjournments: \_\_\_\_\_

**Remote Hospital.**

Does the case qualify for remote payment? Yes  No

**Counsel's fees**

Number of hours claimed:	Rate	Amount
Travel & Waiting: _____ hrs @ £ _____ p/h = £ _____		
Advocacy: _____ hrs @ £ _____ p/h = £ _____		
Attendance: _____ hrs @ £ _____ p/h = £ _____		
Preparation: _____ hrs @ £ _____ p/h = £ _____		
<b>Total:</b>	£ _____	

Disbursements	Amount	Vat
Mileage	£ _____	£ _____
Other disbursements	£ _____	£ _____
<b>Total</b>	£ _____	£ _____

**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 that 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.