

FORM 1 F

With effect from 1st January 2011

FOR OFFICIAL USE ONLY

GUERNSEY LEGAL AID SERVICE

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APPLICATION FOR LEGAL AID

- *To complete this form you will need to read Guide 1 F*
- *If you do not complete this form fully it will be returned to you so that you can provide the required information. This will delay the application and may prevent an advocate from acting.*
- *If you fail to tell us about any relevant financial information legal aid may be refused*

GENERAL NATURE OF PROBLEM

(This can be brief but you should give enough detail to enable us to link this form with the Opinion your Advocate will be sending to us separately)

(APPLICANT)

SURNAME

FORENAMES

ANY PREVIOUS
SURNAME

(ADVOCATE)

ADVOCATE'S NAME

ADVOCATES FIRM

ONLY FILL IN THIS PAGE IF ARE YOU APPLYING FOR SOMEBODY ELSE

(For example an elderly relative, or a child of yours or somebody else for whom you are a guardian or if you applying to become the guardian of somebody else)

Are You applying for someone else? (tick one box)

NO: PLEASE GO TO PAGE 3

YES: FILL IN THE FOLLOWING GIVING **YOUR** DETAILS

SURNAME	FIRST NAMES
ADDRESS	
POST CODE	TELEPHONE NUMBER

PLEASE NOW COMPLETE THE REST OF THE FORM GIVING THE DETAILS OF THE PERSON YOU ARE APPLYING FOR

(If you are applying on behalf of another person, 'You' means that person)

SECTION 1 - ABOUT YOU

(or the person on whose behalf you are filling in this form)

1. ARE YOU

(please tick ONE box) MALE FEMALE

2. ARE YOU

(please tick ONE box) SINGLE SEPARATED DIVORCED
 WIDOWED MARRIED COHABITING

3. If You are separated, please tell us the date of separation_____

4. Is Your Partner the opponent in the case for which You are seeking legal aid?

NO YES

- *We use the word PARTNER to mean a person You are married to OR a person You normally live with as a couple*
- *If You have a Partner and You have answered NO to Question 4, please fill in the rest of this form giving details of both You AND Your Partner. If You are living apart due to, for example, illness, imprisonment or working away (and not because the relationship has broken down) **then we will still need both You and Your Partner's details.***
- *If You are separated from Your Partner and living as a couple with someone else, give details of the person You are living with now.*
- *If You have answered YES to question 4, please fill in the rest of the form giving details about Yourself only*

5. Please give the following details

	YOU	YOUR PARTNER
Surname/ last name		
Any previous surnames		
First names		
Date of birth		
Address		
Post code		
Home telephone number		
Work telephone number		
E mail address (if you are happy to be contacted in this way by this office)		

6. Address where we can contact You **if You do not want us** to use the address You have given above.

Address	
	Post code

7. Proposed opponent

Name	
Address	
	Post code

SECTION 2 - INCOME FROM EMPLOYMENT

1. Are You employed?

	YOU	YOUR PARTNER
	<input type="checkbox"/> NO - go on to question 2	<input type="checkbox"/> NO - go on to question 2
	<input type="checkbox"/> YES – please tell us	<input type="checkbox"/> YES – please tell us
Employer’s name		
Employer’s address		
What is Your job?		
When did the job start?		
Social insurance number		
Tax reference number		

➤ *You and Your Partner must include either:*

*a) Copies of wage slips covering the last 13 weeks **OR***

*b) A letter from your employer stating **gross and net pay** for the last 13 weeks. **We cannot consider Your application until You provide this information.***

***NB** This also applies to applicants who are in custody, if they were working within the 13 weeks prior to the application for legal aid.*

2. Do You have any other jobs?

	YOU	YOUR PARTNER
	<input type="checkbox"/> NO – go on to question 3	<input type="checkbox"/> NO - go on to question 3
	<input type="checkbox"/> YES follow the instruction below	<input type="checkbox"/> YES follow the instruction below

➤ *Write the names and addresses of these employers in the **EXTRA INFORMATION** section on page 14. You must also include copies of wage slips for the last 13 weeks or a letter from your employer stating **gross and net pay** for the last 13 weeks*

3. Do You pay out any money for childcare costs because of Your work?

YOU	YOUR PARTNER
<input type="checkbox"/> NO - go on to question 4	<input type="checkbox"/> NO - go on to question 4
<input type="checkbox"/> YES – please tell us	<input type="checkbox"/> YES – please tell us

Child minder's name	
Child minder's address	

How much do You pay each week?	£ <input style="width: 90%;" type="text"/>	£ <input style="width: 90%;" type="text"/>
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Please say if You do not use a child minder every week (e.g. You work only during school term time)

How many hours a week do You use a childminder? hrs

4. If You are off work at the moment, please tell us the date You expect to return

YOU			YOUR PARTNER		
Day	Month	Year	Day	Month	Year
/	/		/	/	

BENEFIT IN KIND

5. Do You get any benefits from work which is not money?

➤ *For example, company vehicle, free health insurance, travel allowances, accommodation*

YOU	YOUR PARTNER
<input type="checkbox"/> NO - go on to Section 3	<input type="checkbox"/> NO - go on to Section 3
<input type="checkbox"/> YES please tell us what benefits in kind	<input type="checkbox"/> YES please tell us what benefits in kind

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SECTION 3 - INCOME FROM SOCIAL SECURITY BENEFITS
(including benefits received from other countries)

1. If You are not currently working, what was Your last job and when and why did you stop working there?

2. Are You getting any social security benefits or allowances (including benefits or allowances from other countries)?
This includes Family Allowances, Supplementary Benefit, Industrial Injury Benefit, Industrial Disablement Benefit, Invalidity Benefit, Maternity Allowance, Old Age Pension, Sickness Benefit, Unemployment Benefit, Benefits for Widows and Widowers Attendance Allowance, Invalid Care Allowance. If You are receiving any other benefit not included above, You should still declare it

Please enclose a copy of either your Award letter or the slip attached to your most recent Benefit voucher showing how much you receive each week.

	YOU		YOUR PARTNER
<input type="checkbox"/>	NO – go on to Section 4	<input type="checkbox"/>	NO – go on to Section 4
<input type="checkbox"/>	YES – please tell us	<input type="checkbox"/>	YES – please tell us

(a)

What the benefit is		
Name and address of paying office		
How much do You get and how often		
Date benefit first received		

(b)

What the benefit is		
Name and address of paying office		
How much do You get and how often		
Date benefit first received		

(c)

What the benefit is		
Name and address of paying office		
How much do You get and how often		
Date benefit first received		

➤ *If You need more space to put down additional benefits, please give the details in the EXTRA INFORMATION section on page 16*

SECTION 4 - INCOME FROM SELF-EMPLOYMENT, PARTNERSHIPS AND DIRECTORSHIPS

You must answer all questions in this Section.

1. Are You working as a self-employed person either full time or part time?

- *By self-employed we mean anyone who does any work of any kind on their own that brings in money or money's worth that is or ought to be declared to the States Income Tax (or the tax authority where You live). Please enclose copies of your 2 most recent Income Tax Returns*

YOU

<input type="checkbox"/>	NO –go on to question 2
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<input type="checkbox"/>	YES – please give details on a separate sheet and provide a copy of Your most recent profit & loss account
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YOUR PARTNER

<input type="checkbox"/>	NO –go on to question 2
--------------------------	-------------------------

<input type="checkbox"/>	YES – please give details on a separate sheet and provide a copy of Your most recent profit & loss account
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2. Are You a Partner with anybody else in a business?

- *By being in business as a Partner means that You are doing something with one or more other people that is producing income that is shared between you in some way or other that is or ought to be declared to the States Income tax or to the tax authority where You are living. Please enclose copies of your 2 most recent Income Tax Returns*

YOU

<input type="checkbox"/>	NO –go on to question 3
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<input type="checkbox"/>	YES – please give details on a separate sheet and provide a copy of Your most recent profit & loss account
--------------------------	--

YOUR PARTNER

<input type="checkbox"/>	NO –go on to question 3
--------------------------	-------------------------

<input type="checkbox"/>	YES – please give details on a separate sheet and provide a copy of Your most recent profit & loss account
--------------------------	--

3. Have You any involvement with a Company either as a shareholder or Director?

YOU

<input type="checkbox"/>	NO –go to Section 5
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<input type="checkbox"/>	YES – please give details on a separate sheet
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YOUR PARTNER

<input type="checkbox"/>	NO –go to Section 5
--------------------------	---------------------

<input type="checkbox"/>	YES – please give details on a separate sheet
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SECTION 5 - INCOME - OTHER MONEY RECEIVED BY YOU OR YOUR PARTNER

1. Do You or Your Partner or any of the children who live with You get any maintenance payments?

➤ *These payments could be voluntary or made through a Court Order*

NO – go on to question 2

YES – please tell us

Who is the maintenance paid to?	How much is paid and how often?	
	£	every
	£	every
	£	every

2. Do You or Your Partner get a private pension or a pension from an employer (past or present)?

YOU

YOUR PARTNER

NO – go on to question 3

NO – go on to question 3

YES – please tell us

YES – please tell us

How much is the pension before tax is taken off?

How much is the pension before tax is taken off?

£	every	£	every
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3. Do You or Your Partner get any money from anywhere else?

YOU

YOUR PARTNER

NO – go on to question 4

NO – go on to question 4

YES – please tell us

YES – please tell us

(i) Where or who is the money from? What is it for?		(i) Where or who is the money from? What is it for?	
	How much is it? £ every		How much is it? £ every

(ii) Where or who is the money from? What is it for?		(ii) Where or who is the money from? What is it for?	
	How much is it? £ every		How much is it? £ every

(if You or Your Partner need more space to answer this question, please continue on a separate sheet)

4. Is anybody else, including family members, any company or other body, supporting You or Your Partner financially, or making resources available to either of You?

- *This might be someone paying Your bills, or someone allowing use of other assets or money from a Trust Fund*
- *If You have received support in the past but this has now stopped, please tick 'YES' and provide details below*

YOU

NO – go on to Section 6

YES – please tell us

YOUR PARTNER

NO – go on to Section 6

YES – please tell us

Your connection to this company/ person

What type of support do you receive

What has it been worth in each of the last three years starting with the last twelve months

		(i)	(ii)	(iii)
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5. If you have received no income by way of earnings , benefits or from any other source, explain below how you are meeting your day-to-day expenses eg for accommodation, food etc.

SECTION 6 - OTHER PEOPLE IN YOUR HOUSEHOLD

1.

Their name	Date of birth	Relationship to You	Are they in full time education?		Do they work? (This does not include Saturday/holiday jobs etc)		Do they receive benefits from the SSD? (i.e., supplementary, invalidity, sickness etc)	
			Y	N	Y	N	Y	N

2. If any dependent child named above is

➤ *over age 16*

➤ *undertaking full time education*

please give the following information

Name of child	Name of School/College being attended	Is a grant in payment?		
		Yes		No
		Yes		No
		Yes		No
		Yes		No
		Yes		No

3. Do You or Your Partner pay any maintenance for some one who does not live with You?

NO – go on to Section 7, below

YES – please tell us

Their name	Their relationship to You or Your Partner	Who pays?		Is it paid voluntarily or by Court Order?	How much is it and how often?	
		You	or Your Partner?		£	every
					£	
					£	
					£	
					£	
					£	

SECTION 7 - LIVING COSTS (HOUSING)

➤ *If You have a Partner whose resources are not being declared on this form, please tell us the actual costs which You are personally paying*

➤ *If Your home is also Your business address please do not include any costs which have been put through Your business accounts.*

1. Do You or Your Partner own the property You live in?

NO – go on to question 2 below

YES – please tell us

When did You and/or Your Partner purchase the property? £

How much did You pay for it? £

How much did You and/or Your Partner have to borrow to make the purchase? £

What is the amount outstanding of any mortgage or loans secured against the property? £

What is the estimated value of the property? £

How much do You and/or Your Partner actually pay for the mortgage per month? £

£
£
£
£
£
£
£

From whom did You and/or Your partner obtain the loan?

2. If You and/or your partner do not own the property you live in, who are the registered owners? e.g. if the property is owned by a former spouse/partner or anyone else.

3. Do You or Your Partner rent the property You live in?

NO – go on to question 4 below

YES – please tell us the amount of rent You and/or Your Partner pay and how often

£ _____ every _____ Who pays it, You? or Your Partner?

4. Do You or Your Partner pay for Your keep (board and lodgings) at the place where You live?

NO – go on to Section 8, below

YES – please tell us how much You and/or Your Partner pay and how often

£ _____ every _____ Who pays it, You? or Your Partner?

➤ *If You and/or Your Partner own or have an interest in any other property, including property outside the Bailiwick of Guernsey, please put the details on page 13 question 6*

➤ *If You have answered 'NO' to all of the above questions, please explain why (e.g. You are living at home with Your parents who do not make You pay any "board")*

LIVING COSTS (OTHER)

5. Do You or Your partner have any deduction made from your wages by Court Order? (“Wage Arrest”)

NO – go onto Section 8

YES - Please tell us how much You or Your Partner pay and how often

£ _____ every _____ Who pays it, You? or Your Partner?

SECTION 8 - CAPITAL AND OTHER ASSETS

1. Do You or Your Partner have any cash savings?

➤ *By 'savings' we mean money in banks, including current accounts, building societies or at home*

NO go on to question 2, below

YES please tell us

Where the money is	The name of the account holder	Account number	Total amount
			£
			£
			£
			£

2. Do You or Your Partner have any National Savings Accounts?

NO go on to question 3

YES please tell us

What type of account is it?	How much is in the account?
	£
	£

3. Do You or Your Partner have any National Savings Certificates?

NO go on to question 4,

YES please tell us

Which issues of Savings Certificates You have?	How many units You have?

4. Do You or Your Partner have any National Savings Premium Bonds, Pensioner's Bonds or Capital Bonds?

NO - go on to question 5,

YES please tell us how much these are worth in total

£ _____

5. Do You or Your Partner own any stocks and shares?

➤ This includes Unit Trusts, PEPS (Personal Equity Plans) or ISAs (Individual Savings Accounts)

NO – go on to question 6

YES – please tell us

The name of the company	How many shares or units You or Your Partner own	The name of the Fund if a Unit Trust, PEP or ISA	The present value	Amount of yearly dividend
			£	£
			£	£
			£	£

6. Do You or Your Partner own any property, land or timeshare other than the place You live in now?

NO – go on to question 7 YES – please tell us

Its address	Its market value	The amount of any loan or mortgage	How is the property used e.g. is it rented out or used by You or Your Partner as a second home?	What share You and Your Partner own

7. Do You or Your Partner have any life assurance or endowment policies?

➤ *do not include any policies linked to a mortgage or any policy that pays out on death*

NO – go on to question 8 YES – please tell us

When was the policy taken out?	What is the loan value of the policy?	What type of policy is it?
When does it mature? What is the surrender value of the policy?		

8. Do You or Your Partner have the use of a car or boat owned by someone else?

NO – go on to question 9 YES – answer question 9 then give details at question 10

9. Do You or Your Partner own a car or boat?

NO - go on to question 10 if you answered YES to question 8 YES – give the details at question 10

10. Please state

The make & model and year of model	Registration number	The purchase price	Loan outstanding	Date of purchase
		£	£	
		£	£	
		£	£	

11. Do You or Your Partner have any valuable possessions?

➤ *For example, jewellery, antiques, paintings or collections. Please do not include wedding, engagement or eternity rings, or any equipment You use for work.*

NO go on to question 12, YES please tell us

What these items are	The sale value of these things
	£
	£
	£
	£
	£

12. Are You or Your Partner owed any money by somebody else?

NO go on to question 13

YES please tell us

Who owes it?	What is it owed for?	How much is owed?	When do You expect to be repaid?	How will the money be repaid?
		£		
		£		
		£		

13. Are You or Your Partner expecting to inherit anything from someone who has died, or from a trust fund?

NO go on to question 14

YES please tell us

How much will You get?	When will You get it?
£	
£	

➤ *If You have answered yes to question 13 please attach a copy of the Trust Deed or letter from the executor of the Will to this form detailing what You will get. If there are any special circumstances that You wish us to take into account please tell us in the Extra Information section on page 14*

14 (a) Do You or Your Partner own any company other than by way of shares that are a matter of public record (in other words, are You or Your Partner beneficial owners of any company)?

NO go on to question 14(b)

YES please give full details on a separate sheet

14 (b) Are You or Your Partner entitled to receive anything from any Trust or other Settlement (including discretionary Settlements)?

NO go on to question 15

YES please give full details on a separate sheet

15. Have You or Your Partner transferred or given any money, property or possessions to anybody else including to any company or body, since You became aware that these proceedings were likely to take place? This includes repaying a mortgage or charge or loan or part of it.

NO go on to question 16

YES please tell us

The date of the transfer or gift	What the asset was	The value or amount of money	Who You gave it to	Your relationship with this person or body
		£		
		£		
		£		

16. Do You or Your Partner have any other capital or assets which have not been included in this section?

NO go on to question 17

YES please tell us

What they are	What is their value
	£
	£
	£
	£
	£
	£
	£

SECTION 9- LEGAL EXPENSES INSURANCE OR OTHER ASSISTANCE WITH LEGAL FEES

17. Do you have any form of Insurance such as house, motor or professional indemnity insurance which could cover this litigation?

Yes		No	
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If yes, please give details below and explain why legal aid is being applied for.

18. Are you a member of a trade union, or of a professional or other body that provides for financial or other assistance in connection with legal proceedings?

Yes		No	
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If yes, please give details and explain why legal aid is being applied for.

SECTION 10- EXTRA INFORMATION

If You know of an event that will change Your financial circumstances or those of Your Partner in the next 12 months we need to know the date of that event and how it will change Your circumstances. For example, this might be that You are going to have a baby (we will need to know the expected date of birth) or that You will retire, or that You will be starting a new job.

Tell us about any significant purchases You or Your Partner have made since You became aware that these proceedings were likely to take place.

Do You have any other information or further details in addition to the above You feel are relevant to Your application?

NO – go on to Section 11 (below) YES – please give details on this page

SECTION 11 - AUTHORITY BY PARTNER

If You have a Partner whose details have been completed on this form then Your Partner **must sign the authority below**

Otherwise go on to Section 12.

- The information about my financial circumstances provided on this form is correct and complete.
- I agree the Administrator, or her assistant, of Guernsey Legal Aid Service can contact other parties and I authorise those parties to provide the information they are asked for.

SIGNED _____

DATE _____

FULL NAME (in BLOCK capitals) _____

SECTION 12

A: DECLARATION AND AUTHORITY BY APPLICANT

- *If You are acting for somebody else, for example an elderly relative or a child or somebody else for whom You are a guardian or you are a professional Guardian ad Litem or Advocate acting for a child do not sign this Declaration but sign declaration B below*

Please check that You have answered all the questions, as there will be a delay in considering Your application if all the information needed is not provided. Please read each of the following statements carefully

- I have given correct and complete information on this form and on any other accompanying form or documents.
- I have given details of all my and my Partner's income and capital assets in Guernsey and any other country, including income arising from capital and/or other assets held outside Guernsey.
- I understand that if any information I or my Partner have provided is not correct and complete any Certificate granted to me may be revoked (i.e. cancelled) at which point I will become liable to pay all the legal costs that have been incurred.
- I understand that if I have failed to provide correct and complete information I may be prosecuted and, if convicted, receive a fine or imprisonment.
- I understand that complete checking of the information provided by applicants for a funding Certificate is regularly undertaken to ensure the information is correct and complete
- I understand that I may be required to provide evidence to support the information I have supplied on this form
- I understand that I must tell the Guernsey Legal Aid Service immediately if there are any changes in my or my Partner's financial circumstances.
- I agree the Administrator, or his Assistant, of the Guernsey Legal Aid Service can contact other parties and I authorise those parties to provide the information they are asked for.
- I understand I must co-operate fully and immediately with any enquiry into my financial circumstances by the Guernsey Legal Aid Service and that, if I do not, any Certificate granted to me may be revoked (i.e. cancelled) at which point I will become liable to pay all the costs that have been incurred.
- I agree that the Administrator or my Advocate can notify the Court, any party to the proceedings or their Advocate that I am (if granted) in receipt of Legal Aid.
- I give my consent to the handling, use, storage and communication of any personal data supplied on this form for all purposes reasonably in connection with this application and the administration of the Guernsey Legal Aid Schemes.
- I understand that Legal Aid is not always free and I may have to pay back my legal costs at the end of my case.
- I understand that the more work my Advocate does, the more I may have to pay back.

Please now sign and date the form and give it to the Legal Aid office at the address shown on the first page.

SIGNED _____ DATE _____

FULL NAME (in BLOCK capitals) _____

B: DECLARATION AND AUTHORITY by a person applying for someone else.

(For example, for an elderly relative, or a child of Yours or somebody else for whom You are guardian or if You are applying to become a guardian)

I declare that as far as I know, the information I have given is true, based upon the reasonable enquires which I have been able to make, exercising due care and diligence

SIGNED _____

DATE _____

FULL NAME (in BLOCK capitals) _____