

APPLICATION FORM

FOR CIVIL LITIGATION SUPPORT



The Manager
Law Aid
P O BOX 13114
Law Courts, VIC
Melbourne 8010

Tel 03] 9225 6703
Fax 03] 9225 6710

Please type or print neatly and complete all sections. Place a tick in boxes where appropriate.

1 / DETAILS OF APPLICANT

FAMILY NAME: _____ GIVEN NAMES: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NO: W] _____ H] _____

DATE OF BIRTH: _____ SEX: F M MARITAL STATUS: _____

NO. OF DEPENDANT CHILDREN: _____

EMPLOYMENT STATUS: EMPLOYED Occupation
 SELF EMPLOYED
 UNEMPLOYED

DO YOU RECEIVE SOCIAL SECURITY BENEFITS (other than Family Allowance)?
 YES NO

HAVE YOU APPLIED FOR LEGAL AID? YES NO

IF YES, PLEASE PROVIDE LEGAL AID FILE NO.

HAS LEGAL AID BEEN WITHDRAWN? YES NO

2 / FINANCIAL DETAILS

Gross Weekly Income: Taxable income as assessed by Australian Taxation Office at end of last financial year.
 \$ \$

ASSETS	VALUE (\$)	Owned solely or if jointly your share	Money owing in relation to assets
House			
Bank/Building Society/ Credit Union Deposits Car			
Other Investments or Assets - Give details Other Liabilities - Give Details			

A / SPOUSE/PARTNER or OTHER PERSON(S) WITH FINANCIAL INTEREST IN CLAIM:

FULL NAME:

Occupation:

Employer:

Gross Weekly Income: Taxable income as assessed by Australian Taxation Office at end of last financial year.
 \$ \$

ASSETS	VALUE (\$)	Owned solely or if jointly your share	Money owing in relation to assets
House			
Bank/Building Society/ Credit Union Deposits Car			
Other Investments or Assets - Give details			
Other Liabilities - Give Details			

B / DISPOSAL OF ASSETS

Have you or your spouse/partner in the past two years given away, sold or otherwise disposed of any **assets** whether jointly or solely owned and (including money) worth **more** than **\$1,000**?

YES *attach details & verify documents* NO



C / INTEREST IN A TRUST OR COMPANY OR PARTNERSHIP

Do you or your spouse/partner or children have any role or interest in any company, partnership or trust from which you or they received or may in the future receive any benefit?

YES *attach details & verify documents* NO

DO NOT SEND ORIGINAL DOCUMENTS COPIES ONLY

3 / DECLARATION BY APPLICANT

I apply for Law Aid and acknowledge that I understand the operation of the Law Aid Scheme. In particular, I acknowledge that I am aware that:

- If my application is refused, the decision is final and there is no right of appeal;
- The application fee is not refundable;
- If my application is approved, I will be required to enter into a Fund Fee Agreement.
- I authorise my solicitor to provide any information the Manager requires to assess the application.
- I further authorise my solicitor to provide any further information which may affect the validity of my claim which becomes available after the grant of Law Aid.

I, _____ of _____
(full name) (address)

_____, _____
(occupation)

do solemnly and sincerely declare that all information given in this application is true to the best of my knowledge, information and belief and I make this solemn declaration conscientiously believing the same to be true under the Evidence Act, 1958.

Declared at _____ in the)
)
State of Victoria this _____ day of)
)
_____)
)
2003 _____)

Before me: _____

4 / DETAILS OF LITIGATION

Please do not apply for Law Aid until all preliminary investigations have been completed and you are able to supply full details of the applicant's case.

The Trustees will consider the application and must be able to make its own independent assessment of the merits of the proposed litigation.

If insufficient information is provided the application will be refused.

5 / DETAILS OF SOLICITOR

SOLICITOR'S NAME:

FIRM NAME:

ADDRESS:

DX NO:

LOCATION

TELEPHONE:

FAX:

NO ASSISTANCE FOR CRIMINAL LAW OR FAMILY LAW MATTERS

COURT:

SUPREME

COUNTY

MAGISTRATES' COURT

OTHER, PLEASE SPECIFY

NATURE OF CLAIM:

Personal Injury

Public Liability

Professional Negligence

Wills and Estates Claims

Other Damages Claims

DATE CAUSE OF ACTION AROSE:

DEFENDANT:

DEFENDANT'S INSURER:

ESTIMATED QUANTUM OF DAMAGES:

ADDITIONAL DETAILS

In a covering letter or separate statement attached to this application, please provide **full details** of:

- (a) the accident or circumstances giving rise to the claim;
- (b) evidence to be relied upon to establish liability and quantum;
- (c) the nature and extent of the applicant's injuries;
- (d) how your estimated quantum of damages has been calculated;
- (e) the likelihood of recovery of damages awarded, e.g. if the proposed defendant is not insured, provide details of assets available to satisfy judgement;
- (f) **Copies** of all relevant documents must be supplied, e.g. statements, accident reports, medical reports, etc;
- (g) **Copies** of Counsel's Advice(s).

ESTIMATE OF OUT OF POCKET EXPENSES

The estimate of out of pocket expenses must be carefully considered and completed. A grant of Law Aid based on the estimate provided by the solicitor will be increased ONLY under the most exceptional of circumstances.

• Mediation							\$
• Filing fee							\$
• Hearing fees	\$		per day for	days	=		\$
• Jury fees	\$		per day for	days	=		\$
• Transcript	\$		per day for	days	=		\$
• Interpreter's fees	\$		per day for	days	=		\$
• Witnesses expenses							
	\$)				
	\$)				
	\$)				
	\$)				
	\$)		=		\$
• Medical reports - please specify							\$
• Other expert reports							\$
• Investigator's report							\$
• Solicitor's travelling and accommodation expenses							\$
• Photocopying - payable to other party, e.g. on Discovery					\$		\$
• Other - please specify							\$

						TOTALS	

NOTE: The Fund does not cover solicitor's costs or barrister's fees or sundry items such as telephone, fax, postage or photocopying.

TIMING OF OUT OF POCKET EXPENSES

Indicate your estimate of when out of pocket expenses will be incurred:

|



6 / CERTIFICATE BY SOLICITOR

I, _____, solicitor, **certify** that the applicant
(full name)

has a realistic prospect of success in the proposed Litigation and that there are good prospects of recovery of damages awarded. I undertake to promptly notify Law Aid upon becoming aware of any significant changes or developments in relation to the information submitted in support of the application and of any change in circumstances which may occur in relation to the litigation. If this application is approved I undertake to enter a Conditional Costs Agreement with the applicant.

I am of the opinion that the applicant fully understands the Law Aid Scheme.

Solicitor's signature _____

Date: _____

7 / APPLICATION FEE

An application fee of **\$100.00** is payable and must be lodged with the application.

Please attach cheque to document

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