

APPLICATION FOR LEGAL ASSISTANCE

Legal Aid ACT

Step 1 – Complete this form



Please write legibly using a pen. Remember to sign and date the form.

Step 2 – Attach your documents



As you complete the form you will be told which documents to attach. There is also a checklist at the back of the form.

Step 3 – Lodge your form



In person at: Ground Floor, 2 Allsop Street, Canberra
(we are open between 8.30 am and 5 pm)



By post to: Legal Aid ACT, GPO Box 512, Canberra City 2601



By email to: client.services@legalaidact.org.au



By fax to: 6243 3435

Need help or more information?



Call **6243 3411** if you need help filling out this form.

For more information, please read the fact sheet 'Applying for Legal Assistance' available from www.legalaidact.org.au

1. Do you have a court date?

No ☐

Yes ☐ ► Give details
(if known)

Date

Time

2. Have you applied for legal aid before?

No ☐

Yes ☐ ► Year you applied

What type of case was it? (e.g. criminal, family, other)

3. Is English your first language?

No ☐ ► What is your first language and dialect?

Yes ☐

4. Do you need an interpreter?

No ☐

Yes ☐

5. Your name (person requiring legal assistance)

Mr ☐

Mrs ☐

Ms ☐

Miss ☐

Other

Given name

Middle name(s)

Family name

6. Have you ever used or been known by other names?

e.g. maiden name, previous married name, alias, name at birth

No ☐

Yes ☐ ► Give details

Other name

Type of name
(e.g. name at birth)

If you have more than one other name, attach a separate sheet with details

7. Date of birth and gender	<div style="border: 1px solid black; width: 100px; height: 25px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> / / </div>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
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8. Are you:	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Aboriginal <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Torres Strait Islander <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Aboriginal and Torres Strait Islander <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> None of the above <input type="checkbox"/> </div>
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9. Country of birth	
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10. Living arrangements	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Single <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Married <input type="checkbox"/> Divorced <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> </div>
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11. Do you have any special circumstances? e.g. disability, health issues, literacy problems	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Yes <input type="checkbox"/> ► What type? </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Intellectual <input type="checkbox"/> Psychological/psychiatric <input type="checkbox"/> Sensory (including speech) <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Physical <input type="checkbox"/> Long standing ill health <input type="checkbox"/> Literacy problems <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Unable to work <input type="checkbox"/> Can't access assets or money <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Other <input type="checkbox"/> ► Give details <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>
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12. Are you in prison or detained?	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Yes <input type="checkbox"/> ► Where? </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Alexander Maconochie Centre <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Symonston Correctional Centre <input type="checkbox"/> ► Go to question 18 </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Bimberi Youth Justice Centre <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Other <input type="checkbox"/> ► Give details <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div> <div style="text-align: right; margin-top: 5px;">► Go to question 18</div>
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13. Are you homeless?	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> ► Go to Question 15 </div>
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14. Home address	<div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; display: flex; justify-content: flex-end; padding-right: 10px;">Postcode</div>
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15. Address where we can contact you e.g. half-way house, friend's house <i>If same as home address, write 'AS ABOVE'</i>	<div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; display: flex; justify-content: flex-end; padding-right: 10px;">Postcode</div>
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16. Phone numbers	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Home <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Work <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> Mobile <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Can we contact you by SMS? No <input type="checkbox"/> Yes <input type="checkbox"/> </div>
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17. Email addresses	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Home <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Work <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> Can we contact you by email? No <input type="checkbox"/> Yes, home email <input type="checkbox"/> Yes, work email <input type="checkbox"/> </div>
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18. Do you have any dependent children / step-children?

No ☐

Yes ☐ ► Give details — If you have more than 3 dependent children or step-children, attach a separate sheet with the extra details

Child 1

Child's given name

Family name

Date of birth

 / /

Relationship to you, e.g. son, step-daughter

Does this child live with you?

No ☐ Yes, full-time ☐ Yes, part-time ☐

Is this child involved in this legal matter?

No ☐ Yes ☐

Child 2

Child's given name

Family name

Date of birth

 / /

Relationship to you, e.g. son, step-daughter

Does this child live with you?

No ☐ Yes, full-time ☐ Yes, part-time ☐

Is this child involved in this legal matter?

No ☐ Yes ☐

Child 3

Child's given name

Family name

Date of birth

 / /

Relationship to you, e.g. son, step-daughter

Does this child live with you?

No ☐ Yes, full-time ☐ Yes, part-time ☐

Is this child involved in this legal matter?

No ☐ Yes ☐

Financial details

19. Read this before answering any more questions

For LegalAid ACT purposes, a **financially associated person** is someone:

- you **usually** receive financial support from; or
- you **usually** provide financial support to; or
- who could be reasonably expected to financially assist you in obtaining legal services.

A financially associated person may include a relative, partner, spouse, child, trust, corporation, group etc.

20. Are you financially associated with any person(s) other than your dependent children/step-children (if applicable)?
e.g. partner, mother

No ☐

Yes ☐ ► Give details of the other financially associated person(s).
If more than one, attach a separate sheet with the extra details

Their given name

Family name

Relationship to you,
e.g. mother

INCOME

21. Are you currently employed, a small business owner or a farmer?

No ☐ ► When did you last work?

Yes ☐ ► What type of work do you do?



Attach a copy of your last tax return if you are self employed

22. If you have a partner or spouse are they employed?

No ☐ Yes ☐

	You	Financially associated person
23. Do you or a financially associated person get a pension or benefit from Centrelink or the Department of Veterans' Affairs?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Weekly income before tax <div style="border: 1px solid black; width: 150px; text-align: center;">\$ per week</div> ► Which payment(s) Disability Support Pension <input type="checkbox"/> Mature Age Allowance/ pension benefit <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (partnered) <input type="checkbox"/> Parenting Payment (single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans and War Services <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Other – give details <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> ► Centrelink Reference Number (CRN) or DVA reference number <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Weekly income before tax <div style="border: 1px solid black; width: 150px; text-align: center;">\$ per week</div> ► Which payment(s) Disability Support Pension <input type="checkbox"/> Mature Age Allowance/ pension benefit <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (partnered) <input type="checkbox"/> Parenting Payment (single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans and War Services <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Other – give details <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
24. Do you or a financially associated person have a Health Care Card or Pensioner Concession Card?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details Card number <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Expiry date <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Attach a copy of the card </div>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details Card number <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Expiry date <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Attach a copy of the card </div>
25. Do you or a financially associated person get any other income or benefits such as: • rental assistance • child/spouse support • an allowance • commission • interest • board • overtime • superannuation • trust income • worker's compensation?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Type</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$ per week</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Type</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$ per week</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Type</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$ per week</div>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Type</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$ per week</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Type</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$ per week</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Type</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$ per week</div>
26. Total weekly gross income (before tax)	<div style="border: 1px solid black; width: 150px; text-align: center;">\$ per week</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Attach a copy of a recent pay slip (if employed) or other proof of income </div>	<div style="border: 1px solid black; width: 150px; text-align: center;">\$ per week</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Attach a copy of a recent pay slip (if employed) or other proof of income </div>

EXPENSES**You****Financially associated person**

27. What housing payments do you or a financially associated person make each week?

Rent \$ per week

Mortgage \$ per week

Board \$ per week

None – give reasons

Rent \$ per week

Mortgage \$ per week

Board \$ per week

None – give reasons

28. How much child support do you or a financially associated person pay each week?

\$ per week

Number of children

\$ per week

Number of children

29. How much do you or a financially associated person pay each week for:

Child care fees \$ per week

Spouse maintenance \$ per week

Child care fees \$ per week

Spouse maintenance \$ per week

ASSETS

30. Do you, or a financially associated person:

a) own or pay off the home you live in?

No ☐

Yes ☐ ► What is the market value of the home?

\$

How much is owed on the home?

\$

What share of the home is yours (e.g. 50%)?

%

What year did you buy the home?

How long have you lived there?

b) own or pay off any other real estate either in Australia or overseas?

No ☐

Yes ☐ ► What is the market value of the real estate?

\$

How much is owed on the real estate?

\$

What share of the real estate is yours?

%

Address of the real estate

Postcode

c) own or pay off any motor vehicles?

No ☐

Yes ☐ ► How many?

What is the total market value of the vehicles?

\$

How much is owed on the vehicles?

\$

What share of the vehicles is yours?

%

d) have any accounts at a bank, building society or credit union in Australia or overseas?

No ☐

Yes ☐

▶ Give details of all accounts.

If more than 2, attach a separate sheet with the extra details



Attach records or statements showing amounts in any bank, building society or credit union accounts owned solely or jointly by you, or by a financially associated person, for the past 1 month.

1. Name of bank, building society or credit union

Account number (this may not be your card number)

Account balance

\$

What share of the account is yours?

%

2. Name of bank, building society or credit union

Account number (this may not be your card number)

Account balance

\$

What share of the account is yours?

%

e) have any cash in Australia or overseas?

No ☐

Yes ☐

▶ Total cash

\$

What share of the cash is yours?

%

31. Do you or a financially associated person own anything of value either in Australia or overseas?

e.g. shares, bonds, boats, caravans, jewellery, insurance policies or superannuation accounts.

You

No ☐

Yes ☐

▶ Give details, including the approximate value

Details

Approx. value \$

Details

Approx. value \$

Financially associated person

No ☐

Yes ☐

▶ Give details, including the approximate value

Details

Approx. value \$

Details

Approx. value \$

32. Does anyone owe you or a financially associated person any money?

No ☐

Yes ☐

▶ How much is owed?

\$

No ☐

Yes ☐

▶ How much is owed?

\$

33. During the past 12 months, have you or a financially associated person sold or given away any money or property to the value of \$500 or more in Australia or overseas?

No ☐

Yes ☐

▶ Give details

Details

Amount \$

Details

Amount \$

No ☐

Yes ☐

▶ Give details

Details

Amount \$

Details

Amount \$

	You	Financially associated person
34. During the past 12 months, have you or a financially associated person received any money or property to the value of \$500 or more in Australia or overseas?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div> <div>Details</div> <div>Amount \$</div> <div>Details</div> <div>Amount \$</div> </div>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div> <div>Details</div> <div>Amount \$</div> <div>Details</div> <div>Amount \$</div> </div>
35. During the next 12 months, are you or a financially associated person likely to receive any lump sum amount of money in Australia or overseas?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div> <div>Details</div> <div>Amount \$</div> <div>Details</div> <div>Amount \$</div> </div>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div> <div>Details</div> <div>Amount \$</div> <div>Details</div> <div>Amount \$</div> </div>
36. Has any person or group offered to pay, or are they able to pay, any of your legal fees for this case?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details <div> <div></div> <div></div> <div></div> </div>	

Court details

37. What type of case is this? Criminal ☐ Family ☐ Other ☐

38. Are you applying for legal aid to appeal against a decision of a court or tribunal?
 No ☐ ► Go to question 42
 Yes ☐ ► Go to question 39

If appealing

39. Which court or tribunal made the original decision?

Supreme Court <input type="checkbox"/>	Children's Court <input type="checkbox"/>
Federal Magistrates Court <input type="checkbox"/>	Court of Appeal <input type="checkbox"/>
Family Court <input type="checkbox"/>	ACT Civil & Administrative Tribunal <input type="checkbox"/>
Magistrates Court <input type="checkbox"/>	Not sure <input type="checkbox"/>
Other <input type="checkbox"/> ► Give details <div></div>	

40. Date of the original decision

/ /

41. Where is the court or tribunal? Town/City State
 ► Now go to question 46

If NOT appealing

42. Do you have to go to, or be represented at, a court or tribunal? No ☐ ► Go to question 46
Yes ☐ ► Give details (if known) Date / / Time

43. Which court or tribunal do you have to go to, or be represented at? Supreme Court ☐ Children's Court ☐
Federal Magistrates Court ☐ Court of Appeal ☐
Family Court ☐ ACT Civil & Administrative Tribunal ☐
Magistrates Court ☐ Not sure ☐
Other ☐ ► Give details

44. Where is the court or tribunal? Town/City State

45. What is your next court date for? Mention ☐ Trial ☐
Committal ☐ Not sure ☐
Other ☐ ► Give details

46. Do you have a lawyer representing you? No ☐
Yes ☐ ► Lawyer's name
Law firm
Phone
Email
Has this lawyer represented you before? No ☐ Yes ☐

47. Do you have a preference for a particular lawyer? No ☐
Yes, Legal Aid ACT lawyer ☐
Yes, other lawyer ☐ ► Give details
Lawyer's name
Law firm
Address
 Postcode
Phone
Email
Has this lawyer represented you before? No ☐ Yes ☐

If you are applying for legal assistance in a:

- **Criminal** law matter – go to page 9
- **Family** law matter – go to page 10
- **Other** matter – go to page 12

Criminal law matter

48. Have you been charged with an offence?

No☐

Yes☐▶ Give details of the charges (if you don't know, write 'NOT SURE')

49. Please name the alleged victim and other people charged, or involved, in the case (if known)

If more than 2, attach a separate sheet with the extra details

Person 1

Given name(s)

Family name

Date of birth

/

/

Person 2

Given name(s)

Family name

Date of birth

/

/

50. How do you want to plead?

Guilty☐

Not guilty☐

Not sure☐

51. Have you pleaded guilty in court to any of the charges listed at question 48?

No☐

Yes☐

52. If you are in custody, do you want to apply for bail?

No☐

Yes☐

Not sure☐▶ Give details

53. Do you have a criminal record (including matters where no conviction was recorded)?

No☐

Not sure☐

Yes☐▶ Give details

Year		Offence	Penalty
1			
2			
3			
4			
5			
6			

54. Are you on a bond?

No☐

Yes☐

55. Are you on parole?

No☐

Yes☐

▶ Go to page 13

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Family law matter

56. Are you applying for assistance to respond to a court application?

No ☐ Yes ☐

57. What family law matter do you want legal aid for?

Who child lives with ☐

Who child spends time with ☐

Divorce ☐

Spousal maintenance ☐

Locate or recover a child ☐

Child raising arrangements (e.g. schooling, health, religion) ☐

Enforce a court order ☐

Child support, maintenance or paternity ☐

Child protection ☐

Domestic or family violence ☐

Applying for a protection order ☐

Responding to a protection order application ☐

Change of Family Court orders due to violence ☐

Property settlement ☐

The home you live in ☐

Other real estate ☐

Savings ☐

Superannuation ☐

Motor vehicle(s) ☐

Recreation vehicles(s) (e.g. boat) ☐

Shares ☐

Other – give details ☐

None of the above ☐ Give details

58. If children are involved in the family law matter, what is your relationship to the children

Parent ☐


Grandparent ☐

Other ☐

59. Are there existing court orders in relation to this dispute?

No ☐

Yes ☐

 Attach a copy of the court orders

60. Is there an allegation of sexual abuse?

No ☐

Yes ☐

61. Is someone alleging a risk to the safety or welfare of children?

No ☐

Yes ☐

62. Is there a history of domestic violence between you and the person you are in dispute with?

No ☐

Yes ☐

63. Give details of the other person involved in the dispute

Given name	<input type="text"/>						
Middle name(s)	<input type="text"/>						
Family name	<input type="text"/>						
Address	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
Date of birth	<input type="text"/>						
Phone numbers	<table><tr><td>Home</td><td><input type="text"/></td></tr><tr><td>Work</td><td><input type="text"/></td></tr><tr><td>Mobile</td><td><input type="text"/></td></tr></table>	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Home	<input type="text"/>						
Work	<input type="text"/>						
Mobile	<input type="text"/>						
Email	<input type="text"/>						
Relationship to you (e.g. partner)	<input type="text"/>						




64. Were you married to, or in a de facto relationship with, the person you are in dispute with?

No	<input type="checkbox"/>							
Yes, married	<input type="checkbox"/>	<table><tr><td>Date of marriage</td><td><input type="text"/></td></tr><tr><td>Date of separation</td><td><input type="text"/></td></tr><tr><td>Date of divorce</td><td><input type="text"/></td></tr></table>	Date of marriage	<input type="text"/>	Date of separation	<input type="text"/>	Date of divorce	<input type="text"/>
Date of marriage	<input type="text"/>							
Date of separation	<input type="text"/>							
Date of divorce	<input type="text"/>							
Yes, de facto	<input type="checkbox"/>	<table><tr><td>Date relationship started</td><td><input type="text"/></td></tr><tr><td>Date of separation</td><td><input type="text"/></td></tr></table>	Date relationship started	<input type="text"/>	Date of separation	<input type="text"/>		
Date relationship started	<input type="text"/>							
Date of separation	<input type="text"/>							

65. Does the person you are in dispute with have a lawyer?

Not sure	<input type="checkbox"/>									
No	<input type="checkbox"/>									
Yes	<input type="checkbox"/>	<table><tr><td>Lawyer's name</td><td><input type="text"/></td></tr><tr><td>Law firm</td><td><input type="text"/></td></tr><tr><td>Phone</td><td><input type="text"/></td></tr><tr><td>Email</td><td><input type="text"/></td></tr></table>	Lawyer's name	<input type="text"/>	Law firm	<input type="text"/>	Phone	<input type="text"/>	Email	<input type="text"/>
Lawyer's name	<input type="text"/>									
Law firm	<input type="text"/>									
Phone	<input type="text"/>									
Email	<input type="text"/>									

66. Have you been to counselling, mediation or dispute resolution with the person you are in dispute with?

No	<input type="checkbox"/>		
Yes	<input type="checkbox"/>	<table><tr><td> Attach a copy of the family dispute resolution certificate</td></tr></table>	 Attach a copy of the family dispute resolution certificate
 Attach a copy of the family dispute resolution certificate			

67. Are you the primary care giver to the children involved in the matter?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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68. Have any of the children involved in the matter already been removed, or is there a risk they may be removed?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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▶ Go to page 13

Other matter

69. What is the nature of your problem?

Mental health

Personal injury

Inquest

Debts/consumer law

Workers' compensation

Employment

Veterans' Affairs entitlement

Other

Give details

70. Do you have any court or tribunal documents relating to the matter?

No

Yes

Attach a copy of the court or tribunal documents

71. Give details of the other people involved

If more than 2, attach a separate sheet with the extra details

Person 1

Given name

Middle name(s)

Family name

Date of birth

Person 2

Given name

Middle name(s)

Family name

Date of birth

72. Is the matter concerned with a specific incident or accident?

Not sure

No

Yes

Date of incident or accident

73. Is the matter concerned with a monetary claim or loss?

No

Go to page 13

Yes

74. What is the estimated amount of the claim or loss?

\$

Not sure

75. Are you insured against any part of the claim or loss?

No

Yes

Give details

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Other information

76. Briefly explain your legal problem

Include any additional information that you want us to take into account

Authorisation and checklist

77. Are you completing this application on behalf of someone else?

No ☐

Yes ☐ ▶ What authority do you have to complete this application for someone else?

Parent ☐Guardian ☐Power of attorney ☐

Other ☐ ▶ Give details

78. Do you authorise anyone else to be given access to information concerning this application upon their request?

No ☐

Yes ☐ ▶ Give details

Their given name

Family name

Address

Postcode

79. Document checklist

You	Financially associated person
A copy of your last tax return (if you answered Yes and you are self employed – question 21)	<input type="checkbox"/>
A copy of your Health Care Card or Pensioner Concession Card (if you answered Yes to question 24)	<input type="checkbox"/>
A copy of a recent pay slip or other proof of income (see question 26)	<input type="checkbox"/>
Records or statements showing amounts in any bank, building society or credit union accounts owned solely or jointly by you, or a financially associated person, for the past month (if you answered Yes to question 30d)	<input type="checkbox"/>
A copy of the existing court orders (if you answered Yes to question 59)	<input type="checkbox"/>
A copy of the family dispute resolution certificate (if you answered Yes to question 66)	<input type="checkbox"/>
A copy of the court or tribunal documents (if you answered Yes to question 70)	<input type="checkbox"/>

Applicant's Declaration

I, _____ (Please write full name)

DOB: _____ Centrelink Reference Number: _____

- declare that the information in this application is true and complete;
- acknowledge that it is an offence to provide information which is false or misleading, or to fail to provide relevant information with the intent to deceive or mislead;
- authorise my lawyer to give Legal Aid ACT any information relevant to this application or my case and to this extent I waive legal professional privilege;
- understand that the authorities I give in this application are effective only until either a final decision has been made on my application or my grant of assistance has been finalised, whichever occurs last;

If I am receiving Centrelink payments I authorise:

- Legal Aid ACT to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order to enable Legal Aid ACT to determine if I am eligible for a grant of legal assistance;
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Legal Aid ACT;
- Legal Aid ACT, if my grant of legal assistance is approved and assigned inhouse, to submit my completed Centrepay Deduction Form to Centrelink for payment of my initial contribution.

I understand that:

- the department will use information I have provided to Legal Aid ACT to confirm my eligibility for a grant of legal assistance and will disclose to Legal Aid ACT my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payment, deduction and shared care arrangements;
- this consent and authority, once signed, remains valid only until either a final decision has been made on my application or my grant of assistance has been finalised, whichever occurs last, unless I withdraw it by contacting Legal Aid ACT or the department;
- I can obtain proof of my circumstances/details from the department and provide it to Legal Aid ACT so that my eligibility for their services can be determined; and
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the services provided by Legal Aid ACT.

I authorise:

- the Department of Human Services to make a Deduction of **\$15** each fortnight from my _____ (Centrelink payment type) and pay this amount to **Legal Aid ACT (CRN 555063843-A)** for **initial client contribution to legal fees** commencing from **my next available payment date**. I request that this deduction of **\$15** continue until the target amount of **\$120** is reached.
- I give permission for **Legal Aid ACT** to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.
- I also give permission for **Legal Aid ACT** to give the Department of Human Services my correct account and billing number if required. I understand that I can change or cancel my Deduction at any time, and further information about Centrepay can be found online at **humanservices.gov.au/centrepay**.

If I am charged with a criminal offence I:

- authorise the Office of the Director of Public Prosecutions to give Legal Aid ACT information about the charges against me.

Applicant's, or authorised person's signature



/ /2020

Privacy statement

The information provided on this form will be used to assess eligibility for legal aid; assist in organising legal representation; update personal details in our records; evaluate our services; and provide statistical information (without names) to the Commonwealth and ACT Governments. The information will not be given to any other person or agency unless you give us permission or we are required by law. For more information about our privacy policy visit www.legalaidact.org.au or call us on 6243 3411.