



# Children's Legal Aid

Legal Aid Online Declaration - for automatic (Duty) special urgency, Children's sheriff court proceedings and onward appeals to SAC/COS

April 2018  
CHLA/LAO  
2011 Act

## A. Key details – applicable to all application types

Type of proceedings including the relevant section of the Children's (Scotland) Act 2011:

## B. Applicant details

Forenames:

Surname:

Date of birth:

National Insurance number:

If no NI number, are you:  a child  an asylum seeker  other

If 'Other' please explain why you do not have a NI number:

Usual home address:  Postcode:

## C. Applicant assistance

Do you have access to any other assistance that provides help with legal costs?  Yes  No

**If you have answered 'No' go to Section D.**

If 'Yes', what is this assistance?  
 an insurance policy  trade union membership  trust fund  other

If this assistance/help cannot be used for this case tell us why not:

## D. Financial details

You do not need to complete this section if a previous application for Special Urgency has been submitted for this case OR for Sheriff Principal or Court of Session Applications if you had legal aid for Sheriff Court proceedings to the conclusion of the case and your circumstances have not changed.

For detailed information and correct allowances, use the current [keycard](http://www.slab.org.uk) – available at [www.slab.org.uk](http://www.slab.org.uk)

Do you live with a spouse/partner?  Yes  No  
If yes, do they have a contrary interest?  Yes  No

Where you have a spouse or partner and they do not have a contrary interest in the matter (e.g you have a spouse/partner and they wish the same outcome of the proceedings as you) the resources of that spouse/partner must also be taken into account when assessing financial eligibility.

Spouse/Partner  
forename:

Spouse/Partner  
surname:

DOB:

NI number:

How many dependants, currently living with you (excluding any spouse/partner), do you have?

How many dependants, not currently living with you, do you have?

How many dependants, currently living with you, does your partner have?

How many dependants, not currently living with you, does your partner have?

Please give details of you and/or your partner's bank, building society and post office accounts:

Held by (you or partner)	Account number (last four digits only)	Sort Code	Name of bank/building society/ Post Office where accounts are held

**E. Capital and any other assets (needed for you & spouse/partner)**

*\*Please note that at least one form of capital from the following list must be selected*

Do you have any capital?  Yes  No      Does your partner have any capital?  Yes  No

If 'Yes' to either of the above questions, give details:

	You	Your partner
Cash (coins, banknotes, cheques)	£	£
Money in banks or building societies	£	£
Value of property owned (other than your main house)	£	£
Address(es) of other property you and/or your partner owns:		
Outstanding value of mortgage/loan secured over other property/land	£	£
Investments (shares, bonds, ISAs etc)	£	£
Names of the companies where shares/bonds are held including share reference etc		
All other capital assets		

**F. Income details (needed for you & spouse/partner) - please specify weekly amounts**

*\*Please note that at least one form of income from the following list must be selected*

Do you have an income?  Yes  No      Does your partner have an income?  Yes  No

If you and/or your partner have no income, how are you supported financially?

If you stated you or your partner has an income, give details:

<i>Passport benefits (verifiable by SLAB) - please tick if applicable</i>	You	Your partner
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>

**Non-passport benefits and other benefits (not verifiable by SLAB)**

Contribution-based Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Contribution-based Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity (not included in income calculation)	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance (not included in income calculation)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Independence Payment (not included in income calculation)	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>

Other income (please specify)	
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Pay or sick pay (net)		£	£
Name and full address of your employer			
Name and full address of your partner's employer			
Self Employed/Partnership Income (a copy of your latest business accounts or bank statement must be submitted in support of the application)		£	£
Business name and address			
Private pension		£	£
Name of pension provider(s) (if applicable)			
Student grant/bursary/loan		£	£
Name of paying organisation(s)			
Money from all other sources (please specify)			

**G. Payments made by you & spouse/partner - weekly amounts**

\*Do not include general living expenses, such as gas/electricity, clothes, petrol, food etc, as a standard allowance will be given for these items.

Do you make any payments?  Yes  No Does your partner make any payments?  Yes  No

If 'Yes' to either of the above, give details:

	You	Your partner
Rent or board and lodgings	£	£
Organisation/person paid to		

		You	Your partner
Organisation/person paid to			
Council Tax		£	£
Loan amount 1		£	£
Loan provider 1	You:	Your partner:	
Loan amount 2		£	£
Loan provider 2	You:	Your partner:	
Loan amount 3		£	£
Loan provider 3	You:	Your partner:	
Childcare payments		£	£
Maintenance paid (for children not living with you)		£	£
Existing contributions being paid for Civil and Children's cases		£	£
Other payments due to be paid		£	£
<i>Please specify all other payments:</i>			

## H. Other financial information

Please provide any other information about your financial situation that you believe we should take into account when applying the financial hardship test.

## Equalities—for new clients—give client Equality Card

- Q1. Did not answer  Yes  No
- Q2. Ethnic origin:
- Q3. Disability  Yes  No  Did not answer

## Applicant's Declaration and Authority

Please read each of the following statements carefully and ask your solicitor to explain anything you do not understand before signing this declaration.

- This is a true statement of my personal and financial circumstances.
- I understand that if I give false information to the Scottish Legal Aid Board ("SLAB"), I may be prosecuted.
- I understand that SLAB can make any enquiries and get any information it needs to deal with this application.
- I agree to SLAB obtaining and/or checking information with others such as my employer, banks, credit reference agencies, the Department for Work and Pensions and HM Revenue and Customs and I authorise those people/organisations to provide the information they are asked for.
- I understand that I must tell you immediately if there are any changes in my or my partner's financial circumstances including a change in benefits. Failure to notify changes may lead to my legal aid being revoked and I may be prosecuted. I may also be liable to pay the costs of my case.
- I agree to the disclosure of the application, associated documentation and my case file held by my solicitor, to SLAB for audit and/or quality assurance.
- SLAB may use the information I or my solicitor have provided on this form, or otherwise provide, for the prevention and detection of fraud.
- SLAB may share this information with other bodies responsible for auditing or administering public funds for these purposes. I consent to SLAB disclosing my personal data to other organisations.
- I agree that all of the above consents and agreements will be effective for a period of not less than five years from the date of signature and any further reasonable period thereafter as SLAB considers appropriate for their requirements.
- If my solicitor does special urgency work for me I know that SLAB may need me to pay a contribution towards that work. I agree to pay any contribution assessed by SLAB on the information I have provided. I agree to give SLAB all the information it requires to calculate any contribution. I accept that if I do not give the information SLAB requires I may have to pay for all the specially urgent work done and not simply a contribution.

### Important information about your personal data

The Scottish Legal Aid Board (SLAB) is a data controller. The personal information provided by you will be used in accordance with the General Data Protection Regulation 2016 and for our functions under the Legal Aid (Scotland) Act 1986.

SLAB may receive information about you from certain third parties (for example, some government departments and agencies), or give information to them. However we will not pass on information about you unless the law allows or requires us to do so. We will retain the personal information we hold about you in accordance with the requirements of our retention schedule then destroy or delete it in a secure manner.

Under the General Data Protection Regulation 2016 you have the right to make a formal request in writing to see the personal information we hold about you, to inspect it and to have it corrected if it is wrong. In addition you may also have rights to have your data erased or have your data moved. You may be able to object to processing if you believe it to be unlawful and subject to lawful restrictions. Where SLAB are responsible for unlawfully processing or disclosing your personal data and it is likely to cause a high risk to your rights and freedoms we will make you aware of this. To request your personal data you should write to SLAB's Data Protection Officer. If you are unhappy with the response you get from the Data Protection Officer and wish to complain you should write to the Director of Corporate Services and Accounts.

Signature of applicant/  
representative..... Date.....

## Solicitor's Declaration

- I consent to the disclosure of the application, associated documentation and client case file for quality assurance including audit and peer review, at any stage.
- I accept responsibility for any act or omission in relation to the completion and submission of the application on Legal Aid Online ("LAOL") by me or on my behalf and confirm that all information contained within this declaration will be submitted fully and accurately in the online application.
- I will retain this signed, completed document in paper form or electronically (see LAOL Terms and Conditions for more details) and will send it to SLAB upon request.

Signature of solicitor..... Date.....