



Insert subject matter:

May 2018  
**CIV/SOL**

This Declaration must be completed, signed by the solicitor and the applicant. The information contained in this form will be entered into Legal Aid Online. Remember that you are responsible for completing this form and should ensure all information required is provided, the declaration sections are signed and that you hold a copy of the fully completed Declaration form on your file.

**A. 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:

**B. Other rights and resources**

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

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

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:

**C. Financial details - Passported benefits only (all other applicants must complete Form 2)**

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.

Do you or your partner receive any of the following benefits?	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"/>

Do you or your partner have any other income from any other source?

Other income	How much?	How often?
	£	
	£	
	£	

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

Q1. Did not answer  Yes  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.
- 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.
- 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.

**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.....  
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## 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.....

## Partner's declaration (complete where an online Form 1 will be completed)

Please enter your spouse/partner's details below:

Name:

Date of birth:

d	d	m	m	y	y	y	y

NI 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:

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

- I have seen the financial information in this application.
- 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 agree to SLAB checking these facts with others such as banks, credit reference agencies, the Department of Work and Pensions and HM Revenue and Customs and I authorise those people/ organisations to provide the information they are asked for.

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Signature of applicant's partner .....Date.....