



Legal Aid
Agency

Application for Civil Legal Aid certificate

Legal Representation Non-family Proceedings

For Official Use Only

Emergency Application? Yes No

Tag No: _____ / _____ / _____

Yes No

Granted under delegated functions

Has an emergency certificate been granted on
CIV APP6?

If yes, please give reference:

Is this an application for exceptional case funding?

If yes, you must supply an
exceptional case funding form
(ECF1).

Please note - if you are making an ECF application you do not have delegated functions to grant legal aid.

Your client's details **Completion of this section is compulsory**

Title: _____ Initials: _____

Surname: _____

First name: _____

Surname at birth (If different): _____

Address: _____

Postcode: _____

Phone Number: _____

Correspondence address: _____

(if different) _____

Postcode: _____

Date of birth: ____ / ____ / ____ NI Number: _____

Sex: Male Female Prefer not to say

Marital status: Single Married/Civil Partner Cohabiting

Separated Divorced/dissolved CP Widowed

Client Security Password:

It will not be possible for the Legal Aid Agency to discuss this matter over the telephone with you or your solicitor unless your identity can be verified. A password should be provided by the applicant which will be requested at the start of any telephone conversation:

Password (in Block Capitals)

Prompt (a word that will help you remember
your password)

Equal Opportunities Monitoring

Please tick the boxes which your client would describe themselves as being:

Ethnicity

White

- (a) British
- (b) Irish
- (c) White Other

Mixed

- (a) White and Black Caribbean
- (b) White and Black African
- (c) White and Asian
- (d) Mixed Other

Asian or Asian British

- (a) Indian
- (b) Pakistani
- (c) Bangladeshi
- (d) Asian Other

Black or Black British

- (a) Black Caribbean
- (b) Black African
- (c) Black Other

Chinese

Gypsy/Traveller

Other

Prefer not to say

Disability

The Equality Act 2010 defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities.

Not Considered Disabled

If a client considers himself or herself to have a disability please select the most appropriate definition.

Definitions:

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| Mental health condition | <input type="checkbox"/> | Blind | <input type="checkbox"/> |
| Learning disability/difficulty | <input type="checkbox"/> | Long-standing physical illness or health condition | <input type="checkbox"/> |
| Mobility impairment | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Deaf | <input type="checkbox"/> | Unknown | <input type="checkbox"/> |
| Hearing impaired | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Visually impaired | <input type="checkbox"/> | | |

4 Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

Provider details

Account number: Roll number:

Name of organisation: _____

Phone: _____ Fax: _____

E Mail: _____

Name of authorised litigator instructed:

- 4 The authorised litigator instructed must have a valid practising certificate. The Legal Aid Agency (LAA) will not pay for any work done during the period in which the authorised litigator does not have a practising certificate.

Your case reference: _____

Contact name for enquiries: _____

Previous Legal Aid

If you have already provided Legal Help to this client on the same matter, please describe the work done:

If you have not provided Legal Help please state why your client is applying for family help (higher)/investigative representation/full representation at this stage

Has your client applied for or received legal aid before? Yes No

If yes, please supply details and LAA reference number if appropriate:

If your client is married/has a civil partner or is cohabiting does that partner currently receive legal aid?

Yes No

If yes, please supply LAA reference number: _____

If no, please supply partner's name and date of birth: _____

Your client's involvement

Is your client: bringing the case? defending the case? involved in another way?

If involved in another way, say how: _____

Date your client first visited your firm about **this** case: ____ / ____ / ____

What is the main purpose of this application?

What form of Civil Legal Service are you applying for?

Investigative representation Full representation

Tell us what work needs to be done under the certificate applied for. Please use standard wordings for certificates (including limitations) where possible.

Proceedings:

Limitations:

Type of case

4 Please tick the contract category relevant to this case and see the Justice website for where to send your application.

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Negligence | <input type="checkbox"/> Community Care | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Other Public Law | <input type="checkbox"/> Immigration and Asylum |
| <input type="checkbox"/> Education | <input type="checkbox"/> Actions against the police etc | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Welfare Benefits | |
| <input type="checkbox"/> Crime/Civil (judicial review or habeas corpus arising out of a criminal matter or proceedings under the Proceeds of Crime Act 2002). Note that the London Office deals with all Proceeds of Crime Act applications. Please see the Justice website for the address. | | |
| <input type="checkbox"/> Other proceedings (please state) _____
_____ | | |

The case is of a type which is not listed in Schedule 1 of the Legal Aid Sentencing and Punishment of Offenders Act 2012 and is therefore outside of the scope of the normal legal aid scheme.

- I have completed, including specifying type of case, and signed an exceptional case funding form (ECF1) which accompanies this application.

Please state why the application falls under the Connected Matters rule (pursuant to paragraph 46 of Part 1 of Schedule 1).

Prospects of Success

Applications for Investigative Representation

i) Investigative representation is only available where prospects of success are unclear. Please state why this is so and what work needs to be done to determine the prospects of success.

ii) If the claim is primarily for damages is the likely value of the claim £5000 or more?

- Yes No

If no, state why you consider the application should be granted:

iii) Estimate the likely costs to investigate the prospects of success (at legal aid rates, excl VAT) £ _____

Estimate Counsel's fees and disbursements in addition to this £ _____ (excl. VAT).

Applications for Full Representation Only

i) Which of the following best describes the prospects of achieving the outcome your client wants?

A Very good
(80%+)

B Good
(60-80%)

C Moderate
(50-60%)

D Borderline

E Poor

F Very poor

4 If you have ticked box D or E please complete the Prospect of Success - Additional Information Template.

4 Please note that you cannot use Delegated Functions where you have assessed the merits of the case as "Poor" or "Borderline".

Cost Benefit

For applications for investigative representation this section must be completed in so far as the information is available.

Costs

For all estimates of costs, please use the legal aid prescribed rates where relevant including disbursements and counsel fees but excluding VAT.

What are your legal aid costs for this client to date in this matter? £ _____:_____

What is your estimate of legal aid costs (inc legal help) incurred by any previous solicitor in the same matter? £ _____:_____

Estimated costs to settlement or other disposal £ _____:_____

If you consider that the case will settle or otherwise be disposed of before trial, please state why:

How have you calculated costs to settlement/disposal (i.e. what work is included, briefly)?

Estimated costs to trial £ _____:_____

How have you calculated costs to trial (what work is included, briefly)?

Value of Claim

If this is a quantifiable claim, whatever your client's involvement in this case, estimate the likely value of the claim:

Please tell us the ratio of the value of the claim to the costs to disposal:

Value of claim: Costs to disposal: Ratio: :

Opponent's details

4 Please provide as much of the following information as you can:

4 Please attach an extra sheet if there is more than one opponent

Title: _____ Initials: _____ Surname or organisation name: _____

First name: _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Relationship to client: _____

Is the opponent insured against your client's claim?

Yes

No

Don't know

Tell us any information you have about the opponent's financial resources and why you think they will be able to pay any monies which the court orders to be paid to your client.

4 Note that your estimate of damages to be recovered should be discounted if there is doubt regarding the opponent's ability to pay.

Has the opponent applied for legal aid for this case?

Yes

No

Don't know

If known, tell us our case reference number(s): _____

Interested Parties

Is anyone else involved directly or indirectly in this case (excluding the opponent)?

Yes

No

Tell us how they are involved:

Former spouse, civil partner or cohabitant

Litigation friend

Other (give details) _____

Please provide the following details about this other person:

Title: _____ Initials: _____ Surname or organisation name: _____

Address: _____

_____ Postcode: _____

Date of Birth: ____ / ____ / ____ Job: _____

If the other person/people or organisation stands to gain anything if your client's action is successful, tell us how they stand to gain: 4 this must always be completed for cases where wider public interest is alleged.

Interested Parties continued

Is there any other organisation able to assist with any or all of the legal costs (for example trade union or trust fund)?

Yes

No

Don't know

If yes, what financial assistance can they offer?

If your client has a policy or membership which provides for help with legal costs, please tell us why your client does not take this up or why it is not available to provide assistance in this case:

Conditional Fee Agreements (CFAs)

Complete this section unless the application is for work in a type of case to which regulation 39(b) of the Civil Legal Aid (Merits Criteria) Regulations 2012 does not apply.

Do you believe this case is unsuitable for a CFA?

Yes

No

If yes, please give your reasons.

Have you attempted to secure after-the-event insurance?

Yes

No

If yes, what was the response?

If no, why not?

Before the Event Insurance (BTE)

Does your client have insurance cover for any of the following:

	Yes	No
Buildings insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Contents insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Motor insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please confirm that you have checked these policies to see if they include legal expenses insurance.	<input type="checkbox"/>	<input type="checkbox"/>
Does your client have any form of legal expenses insurance?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please attach a copy of the policy.

Alternatives to litigation

a) Has your client tried to resolve the dispute by negotiation?

Yes No

If yes, please give details of the opponents response and any proposals your client or the opponent has made to settle or avoid the dispute.

If no, please state why not:

b) Is there a complaints or ombudsman scheme which you could refer this matter to?

4 This section **must** be completed for actions against the police, clinical negligence and judicial review applications

Yes No

If yes, have you applied to the scheme? Yes No

If not, please tell us why you have not applied:

If so, please tell us the outcome:

c) Has your client or the opponent proposed mediation or other alternative dispute resolution?

Yes No

If no, please state why not:

If yes, please tell us the outcome:

Statement of case

Background information and history

Use this page and/or separate sheet(s) for a statement of what has happened so far in this case, including details of any court proceedings so far.

Include any additional information which will help the caseworker apply the Civil Legal Aid (Merits Criteria) Regulations 2012 in this case. You must provide sufficient information to satisfy the merits criteria applicable to the case including the benefit likely to be obtained.

Public interest

4 Section headed "Interested Parties" on page 8 must be completed where significant wider public interest is claimed.

4 If you are contending that this case has significant wider public interest please complete this section.

Please state by reference to the Civil Legal Aid (Merits Criteria) Regulations 2012, why your client's claim has a significant wider public interest (i.e. has potential to produce real benefits for individuals other than the client). Give details of those who will benefit, in addition to your client, estimate numbers and describe nature of benefit:

Overwhelming importance to the individual

4 If you are contending that this case has overwhelming importance to the individual please complete this section.

Please describe how you consider your client's case meets the Civil Legal Aid (Merits Criteria) Regulations 2012 definition of the above:

Human Rights

4 If you are contending that the substance of this case relates to a breach of Convention Rights please complete this section.

Please describe any human rights elements of your client's claim, specifying which Articles of the European Convention on Human Rights your client will rely upon and whether the substance of the case relates to a breach of convention rights.

Emergency details

If you are applying for emergency funding, why do you consider this case to be urgent?

If granted using delegated functions, **this section must be completed:**

Date used _____ / _____ / _____

Please give a brief description of the proceedings covered, the wording codes used for the proceedings, the scope (steps you have covered) and the costs (if exceeding £1350 please explain why standard costs are insufficient).

Main proceedings wording:

Costs Limit £1350 Other amount £ _____

Time Limit: 4 weeks

Scope limit (what urgent steps you have covered):

Privacy notice - access to personal data

Personal data relates to a living individual who can be identified from that data. The processing of personal data is governed by the Data Protection Act 1998 (DPA), under which the Ministry of Justice (MoJ) is registered as a data controller. The Legal Aid Agency is an executive agency within the MoJ. The Legal Aid Agency processes personal data in order to provide legal aid services.

The MoJ complies with its obligations under the DPA by keeping the personal data we hold up to date; storing and destroying it securely; by not collecting or retaining excessive amounts of data; protecting personal data from loss, misuse, unauthorised access and disclosure; and ensuring that appropriate technical measures are in place to protect the personal data we process in line with Her Majesty's Government standards.

You have the right to request details about the personal information we hold about you; and subsequently request that we correct any personal information if it is found to be inaccurate or out of date.

In order to fulfil its functions the MoJ may share personal data with other organisations. These organisations include other government departments, local authorities and private or voluntary sector organisations engaged to deliver services. Personal data is only shared outside the MoJ when the law allows.

To request a copy of your personal information please refer to the Justice website for further details on how you may do this.

Declaration to be signed by the applicant

My solicitors have given me to keep:

- 4 The Legal Aid Agency's leaflet 'Paying for your Legal Aid'.

My solicitors have explained the legal aid statutory charge to me. **In particular, my solicitors have advised whether there is a risk that at the end of my case, I will have to accept an interest - bearing charge on my home.**

As far as I know, all the information I have given is true and I have not withheld any information. I understand that if I give false information or withhold relevant information the services provided to me may be cancelled at which point I will become liable to pay all the costs that have been incurred and I may be prosecuted.

Signed: _____ Date: ____/____/____

This declaration must be signed by the applicant

Certification

I certify that:

- 4 I have explained to the client their obligations and the meaning of their declaration.
- 4 I have given to the client to keep the LAA's leaflet referred to in their declaration and have explained the statutory charge to them.
- 4 I have provided as accurately as possible all the information requested on this form.
- 4 My offices Standard Civil Contract/Standard Civil Contract (Welfare Benefits)/ CLA Contract authorises Licensed Work in the proceedings to which this application relates, or a Standard Crime Contract and the application relates to Civil Work, or this is an application for exceptional case funding under a single contract.

Signed: _____ Date: ____/____/____

(Authorised litigator)

Name: _____

Representative Nomination Section

Consent for disclosure of information to a client's nominated representative.

- 4 Please complete this section in block capitals **if you wish to nominate someone** other than your solicitor to contact the Legal Aid Agency to discuss your case on your behalf.

Your Full Name: _____ Date of birth: _____

The full name of your nominated representative:

The relationship between you and your nominated representative:

Nominated representative's date of birth: ____/____/____

- 4 Your nominated representative **MUST** give their date of birth when contacting the Agency.

Authority

I hereby give authority for the Legal Aid Agency to disclose any information about my legal aid to the above nominated representative when contacting the Agency on my behalf.

I undertake to advise the Agency if, at any time, I wish to withdraw this authority.

Signed: _____ Date: ____/____/____

Declaration - Clinical Negligence cases only

I declare that:

4 I am a member of an approved accreditation panel and that I am either the category supervisor or conducting solicitor and have checked and approved the application.

Signed: _____ Date: ____ / ____ / ____

Name: _____

Enclosures

4 Any enclosures should not be the originals, except the means assessment and L17 forms.

The enclosures sent in support of this application are:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> pleadings | <input type="checkbox"/> witness statement | <input type="checkbox"/> court order(s) | <input type="checkbox"/> expert report(s) |
| <input type="checkbox"/> copy letters before action and responses (if any) | | | <input type="checkbox"/> counsel's opinion |
| <input type="checkbox"/> contract(s)/ agreement(s) | <input type="checkbox"/> CIVMEANS1 | <input type="checkbox"/> CIVMEANS1A | <input type="checkbox"/> CIVMEANS1B |
| <input type="checkbox"/> CIVMEANS1C | <input type="checkbox"/> CIVMEANS1P | <input type="checkbox"/> CIVMEANS2 | <input type="checkbox"/> CIVMEANS3 |
| <input type="checkbox"/> CIVMEANS4 | <input type="checkbox"/> CIVMEANS5 | <input type="checkbox"/> client's L17 | <input type="checkbox"/> partner's L17 |
| <input type="checkbox"/> Case plan - where costs likely to exceed £25K | <input type="checkbox"/> 3 months bank statements | | <input type="checkbox"/> ECF1 |
| <input type="checkbox"/> other (give details) _____ | | | |