Application form for civil litigation support

The Manager
Law Aid
PO Box 13114
Law Courts
Melbourne Vic 8010

Tel: (03) 9225 6703
Fax: (03) 9225 6710
www.lawaid.com.au

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

1/ Details of applicant

Family name:__________________________________________________________
Given names:__________________________________________________________

Full address:__________________________________________________________________________________________________________
(PO Box insufficient)

_______________________________________________________________________________________________________________________
Postcode:____________________________________________________________

Telephone no: W: _____________________ H: _____________________ M: _____________________

Date of birth:______________________________________________ Sex: □ F □ M

Marital status:________________________________________________________________________________________________________

No. of dependant children:____________________________________________________________________________________________

Employment status: □ Employed Occupation ________________________________________________________________

Employer ________________________________________________________________________________________________

□ Self employed Occupation ________________________________________________________________

□ Unemployed Usual occupation ________________________________________________________________

Do you receive Government benefits or pension (other than Family Allowance)? □ Yes □ No

If yes, state type of benefit/pension ________________________________________________________________
## 2/A Financial details

### Applicant income

<table>
<thead>
<tr>
<th></th>
<th>Value(s)</th>
<th>Owned solely, or if jointly, your share</th>
<th>Money owing in relation to assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Weekly Income:</td>
<td>$</td>
<td></td>
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<tr>
<td>Taxable income as assessed by Australian Taxation Office at end of last financial year:</td>
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### Assets

<table>
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<td>Car</td>
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<td></td>
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<td>Other liabilities - give details</td>
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### Financial details

– Spouse/Partner of applicant or other person(s) with financial interest in claim

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2/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 $50,000.00?

☐ YES - copies of verifying documents are attached ☐ NO

2/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 - copies of verifying documents are attached ☐ NO
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:

• if my application is refused, the decision is final and there is no right of appeal and the trustees are not obliged to give reasons, and
• the application fee is not refundable;
• if my application is approved, I will be required to enter into a Fund Fee Agreement with Law Aid.
• I authorise my solicitor to provide any information the Manager of law Aid requires to assess my application.
• I further authorise my solicitor to provide any further information which may affect the prospects of success 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 and information

And I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties for perjury.

Declared at ______________________________

this day of __________ 20__

Before me: __________________________________________

Signature of declarant

____________________________________________
Signature of person before whom Declaration is made.

____________________________________________
Full name, qualification & address of person authorised under s107A(1) of the Evidence (Miscellaneous Provisions) Act 1958 to witness the signing of a statutory declaration.
4/ Details of litigation

In a covering letter or separate statement attached to this application, please ensure **full** details are provided with respect to the following:

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

The Trustees will consider the application and must be able to make their 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: ___________________________________ DIRECT EMAIL: __________________________

TELEPHONE: ___________________________ FAX: _________________________________

COURT: ______________________________________________________________________

NATURE OF CLAIM: __________________________________________________________

DATE CAUSE OF ACTION AROSE: ______________________________________________

DATE CAUSE OF ACTION DISCOVERABLE: ______________________________________

DEFENDANT: __________________________________________________________________

DEFENDANT’S INSURER: _______________________________________________________

ESTIMATED QUANTUM OF DAMAGES: ___________________________________________
Estimate of out of pocket expenses – consider and complete carefully.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Mediation</td>
<td>$</td>
</tr>
<tr>
<td>Filing Fees</td>
<td>$</td>
</tr>
<tr>
<td>Hearing Fees $ Per day for Days = $</td>
<td></td>
</tr>
<tr>
<td>Jury Fees $ Per day for Days = $</td>
<td></td>
</tr>
<tr>
<td>Transcript $ Per day for Days = $</td>
<td></td>
</tr>
<tr>
<td>Interpreter’s Fees $ Per day for Days = $</td>
<td></td>
</tr>
<tr>
<td>Witnesses Expenses</td>
<td></td>
</tr>
<tr>
<td>Solicitor’s travelling and accommodation expenses</td>
<td>$</td>
</tr>
<tr>
<td>Photocopying – payable to other party, eg. On discovery</td>
<td>$</td>
</tr>
<tr>
<td>Investigator’s report</td>
<td>$</td>
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</table>

NB the fund will not cover solicitors’ or barristers’ fees or sundries such as telephone, fax, postage or photocopying.

<table>
<thead>
<tr>
<th>Medical Records</th>
<th>Name of Hospital/Doctor/Specialist/Other</th>
<th>Estimated date to be incurred eg. within 3 mths</th>
<th>Estimated Cost</th>
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<th>Expert Reports re liability/ causation/serious injury/ damages</th>
<th>Name of Potential Expert and Field of Expertise</th>
<th>Estimated Date to be incurred eg within 3 mths</th>
<th>Estimated Cost</th>
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TOTAL $
6/ Certificate by solicitor

I ____________________________, solicitor,

1. certify that on the basis of the matters known to me about the claim or potential claim described in the attached correspondence, either

   (a) the applicant has a realistic prospect of success in the proposed litigation and there are good prospects of recovery of damages; or

   (b) the applicant appears to have suffered a loss in respect of which damages may be recoverable and that possibility warrants the investigation proposed;

2. certify that I am aware of and understand my obligations under the Civil Procedure Act, 2010 and generally in relation to the conduct of litigation on behalf of clients and will comply with those obligations;

3. undertake to promptly notify Law Aid upon becoming aware of any significant changes or developments relevant to the applicant’s claim or proposed claim and of any change in circumstances which may be relevant to the litigation or proposed litigation.

If this application is approved, I undertake to enter a conditional costs agreement with the applicant in respect of the claim.

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

Solicitor’s signature: ________________________________

Date: ________________________________________________

7/ Application fee

A fee of $150.00 is payable for processing of this application, and must be lodged with this form.

Application fee includes GST of $13.64.

This document will constitute a valid tax invoice upon acceptance. Please retain a copy for your records.

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