



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

Gross Weekly Income: \$	
Taxable income as assessed by Australian Taxation Office at end of last financial year: \$	

Assets	Value(s)	Owned solely, or if jointly, your share	Money owing in relation to assets
House			
Bank/Building Society/ Credit Union deposits			
Car			
Any other investments or assets (including superannuation) – give details			
Other liabilities – give details			

Financial details

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

Full name: _____

Occupation: _____

Employer: _____

Do they receive Government benefits or pension? Yes No

If yes, state type of benefit/pension _____

Gross Weekly Income: \$	
Taxable income as assessed by Australian Taxation Office at end of last financial year: \$	

Assets	Value(s)	Owned solely, or if jointly, your share	Money owing in relation to assets
House			
Bank/Building Society/ Credit Union deposits			
Car			
Any other investments or assets (including superannuation) – give details			
Other liabilities – give details			

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.

Mediation				\$
Filing Fees				\$
Hearing Fees	\$	Per day for	Days =	\$
Jury Fees	\$	Per day for	Days =	\$
Transcript	\$	Per day for	Days =	\$
Interpreter's Fees	\$	Per day for	Days =	\$
Witnesses Expenses	_____ _____ _____ _____			\$
Solicitor's travelling and accommodation expenses				\$
Photocopying – payable to other party, eg. On discovery				\$
Investigator's report				\$

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

Medical Records	Name of Hospital/Doctor/Specialist/Other	Estimated date to be incurred eg. within 3 mths	Estimated Cost
			\$
Medical Reports	Name of Hospital/Doctor/Specialist/Other	Estimated date to be incurred eg within 3 mths	Estimated Cost
Expert Reports re liability/ causation/serious injury/ damages	Name of Potential Expert and Field of Expertise	Estimated Date to be incurred eg within 3 mths	Estimated Cost
Other – please specify			

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.

Law Aid

ABN:70 952 568 164

PO Box 13114 Law Courts

Melbourne Vic 8010

T: 03 9225 6703