



Falkland Islands Legal Aid Scheme

LAM

Means Form and Declaration and Authority

APPLICANT DETAILS

Name	
Address	
Date of Birth	
Marital Status	
Name of Partner	
Name of Legal Practitioner	

FINANCIAL ELIGIBILITY

Income – per annum		
	Applicant	Partner
Income from main employment	£	£
Name and address of main employer		
Income from all other employment (please detail separately)	£	£
Name(s) and address(es) of all other employer(s)		
Monies received from Welfare Allowances made by Social Services or the Employment Programme	£	£
TOTAL GROSS INCOME	£	£

Allowances claimed – per annum	
Housing costs	£
Partner	£
Children	£
1 – Name and Date of Birth	
2 – Name and Date of Birth	
3 – Name and Date of Birth	
4 – Name and Date of Birth	
5 – Name and Date of Birth	
TOTAL ALLOWANCES	£

Relevant Income (Total Gross Income – Total Allowances)	
Total Gross Income	£
Minus Total Allowances	£
RELEVANT INCOME	£

Capital		
	Applicant	Partner
Savings in Falkland Islands or elsewhere	£	£
Value of shares and investments in Falkland Islands or elsewhere	£	£
Equity in the principal private dwelling (value of property less any mortgage or loan specifically charged against it)	£	£
Any other property in Falkland Islands or elsewhere	£	£
Value of main motor vehicle in Falkland Islands (less any loan specifically secured upon it)	£	£
Value of any other motor vehicle	£	£

Any other assets (not including any single item with a value of less than £1000)	£	£
TOTAL RELEVANT CAPITAL	£	£

Please ensure that in relevant cases evidence is provided as follows:

- 1) Copies of at least three months' payslips in respect of any employment.
- 2) Similar evidence (such as accounts, tax returns etc) in respect of all other forms of income.
- 3) Copy of mortgage statement, tenancy agreement or bank statement showing housing cost.
- 4) Copies of bank statements to support the declaration on savings and capital (both in the Falkland Islands and overseas).

DECLARATION AND AUTHORITY

I declare and confirm that the details contained in my Legal Aid Application Form and my Means Form and any documents submitted are true and that the forms and documents are an accurate statement of my case and my/my partner's financial circumstances.

I declare and confirm that any partner for whom I have claimed an allowance is my spouse, my civil partner or is a person with whom I habitually live within a relationship which has some or all of the characteristics of a marriage or civil partnership.

I declare and confirm that any child for whom I have claimed an allowance is aged 16 or under or, if they are in full time education, is aged 18 or under and is my natural child or that of my partner and is treated as a child of the family and resides with me or is a child of a former relationship and to whom I contribute regular periodical payments for their maintenance.

I understand that the information contained in the forms and any documents will be used to assess my entitlement to Legal Aid and the extent, if any, of any contribution I will be required to pay.

I understand that if I have said anything untrue or misleading in any of the forms or documents that I have submitted or if I have left anything out which should be included:

- a) I may be subject to prosecution in the courts and, if convicted, I could receive a sentence which includes a fine or imprisonment.
- b) Any Legal Aid granted may be stopped and I may be required to repay any costs to the Legal Aid Fund. I undertake to repay any such costs.
- c) My whole application and any Legal Aid granted may be reassessed.

I understand that I may be required to provide further details of my case and my/my partner's financial circumstances to enable a decision as to whether Legal Aid should be granted and if so upon what terms and conditions. I undertake to provide such information if the Legal Aid Administrator requests it.

I authorise such enquiries as are considered necessary to enable the Legal Aid Administrator to ascertain my/my partner's financial circumstances. This includes my consent for such persons as my partner, my bank, Social Services, my employer and the Commissioner of Taxation to be approached and to provide such information as will assist in the above enquiries.

I authorise the Commissioner of Taxation to disclose to the Legal Aid Administrator any details of my income which may be requested by the said Administrator, or anyone acting on their behalf.

I understand that if my circumstances change at any time following the granting of Legal Aid until the final resolution of the case my application can be reassessed and I undertake to inform my Legal Practitioner and the Legal Aid Administrator of any change in my/my partner's financial circumstances (including income or capital position) to the extent that these declarations become inaccurate, and to make further declarations as appropriate.

I undertake to inform my Legal Practitioner and the Legal Aid Administrator if I no longer wish to have the advantage of a grant of Legal Aid and I understand that I may be liable for costs incurred up until that date.

I understand that the grant of Legal Aid may be made on such terms as are considered appropriate and I undertake to comply with any such terms. I undertake to pay any immediate payment required and thereafter any percentage contribution of my Legal Practitioner's bill when required to do so.

I understand that if I act unreasonably in the pursuit or defence of my case Legal Aid may be withdrawn and I may be required to pay any costs to the Legal Aid Fund.

I irrevocably authorise my Legal Practitioner to enforce any Order for Costs obtained in my favour in the proceedings in respect of which I have been granted Legal Aid.

I understand that I am required to reimburse the Legal Aid Fund from any monies or property retained or recovered as a result of my pursuit and/or defence of the proceedings in respect of which I was granted Legal Aid (except where the proceedings are matrimonial proceedings and the amount so retained or recovered is less than £5000). I understand that any such monies will be charged to the Legal Aid Fund. I irrevocably authorise my Legal Practitioner to directly reimburse the Legal Aid Fund with any such monies.

I understand that any grant of Legal Aid does not mean that I will not be liable to pay costs incurred by the other side if so ordered to do so by the Court or agreed by me in any settlement.

I confirm that I have read and understand the above Declaration and Authority and I confirm that I understand that it is a criminal offence to make a false declaration for the purpose of obtaining Legal Aid funding.

Signature of Applicant

Date

Where the Applicant has a partner

I understand that my partner has made an application for Legal Aid. I authorise such enquiries as are considered necessary to enable the Legal Aid Administrator to ascertain my financial circumstances. This includes my consent for such persons as my bank, Social Services, my employer and the Commissioner of Taxation to be approached and to provide such information as will assist in the above enquiries.

I authorise the Commissioner of Taxation to disclose to the Legal Aid Administrator any details of my income which may be requested by the said Administrator, or anyone acting on their behalf.

Signature of Partner

Date