



# Falkland Islands Legal Aid Scheme

## LA7

Application for Legal Aid under the  
Civil Representation Order Scheme  
(Children Ordinance)

### APPLICANT DETAILS

Name	
Address	
Date of Birth	
Name of Legal Practitioner	

### DETAILS OF THE CHILD/CHILDREN

Name(s) of child/children	
Address(es) of child/children	
Applicant's relationship to child/children	

### BASIS OF APPLICATION

Is leave required to bring and/or defend the proceedings?	YES / NO (delete where appropriate)
If so, has it been obtained?	YES / NO (delete where appropriate)

<p>Is the application for an Automatic Civil Representation Order?</p> <p>If so, on what grounds is application made?</p>	<p>YES / NO (delete where appropriate)</p> <p>Please provide full details:</p>
<p>Is the application for a Standard Civil Representation Order?</p> <p>If so, are the proceedings 'relevant proceedings'?</p>	<p>YES / NO (delete where appropriate)</p> <p>YES / NO (delete where appropriate)</p>
<p>Are the proceedings being brought or defended?</p>	<p>Brought / Defended (delete where appropriate)</p>
<p>On what grounds is application for Legal Aid made?</p> <p>Please provide full details about the proceedings including why it is said it is reasonable in all the circumstances for the proceedings to be brought and/or defended.</p>	
<p>Where appropriate, what is the estimated value of property involved in the proceedings?</p> <p>What is the approximate level of periodical payments sought?</p>	<p>£</p> <p>£</p>
<p>What steps have been taken to settle the matter?</p> <p>Please provide details.</p>	<p>Cont'd...</p>

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I wish to apply for Legal Aid in respect of the above matter and confirm that the above information is true to the best of my knowledge and belief. I understand that it is a criminal offence to make a false declaration for the purposes of obtaining Legal Aid.

**Signature of Applicant**

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**Date**

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Date Legal Practitioner first instructed	
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I estimate the total costs in this case, including Counsel's fees and disbursements, will be  
£

I estimate the percentage chance of the applicant succeeding in this case to be  
%

**Signature of Legal Practitioner**

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**Date**

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