

Financial Statement for Legal Aid in Criminal Proceedings



The information you declare in this form will be checked with the Department for Work and Pensions, HM Revenue and Customs and others.

*Before completing this form, please refer to the guidance notes supplied with your forms order.

Your first name:

Your surname:

Your date of birth:/...../.....

Part A - Income

See Notes 10, 11 & 12

1 Employment details

1a Are you employed? You Your partner

No Go to question 2 No Go to question 2

Yes Yes

Frequency of income Weekly Fortnightly Irregular

Four weekly Monthly

Please provide evidence of income for each job you are employed in.

Tick this box if you have attached evidence

1b Do you get benefits from work that are not money? No No

Yes Yes

These can include a company car, luncheon vouchers and free health insurance.

Please provide form P11. (This can be requested from Her Majesty's Revenue and Customs)

See Note 13

See Note 14

2 Other benefits

If you get a benefit (other than those in question 11a of part A of form CDS14), please say how much you receive and how often. Say if this is every week, two weeks, four weeks, month or year. See Note 15

| 2 Do you or your partner receive any other benefits (as listed below)? | You | Your partner |
|--|-----------------|-----------------|
| Child benefit | £ every | £ every |
| Working tax credits/child tax credits | £ every | £ every |
| Incapacity benefit | £ every | £ every |
| Retirement pension | £ every | £ every |
| Industrial Injuries Disablement Benefit | £ every | £ every |
| Other benefit | Type of benefit | Type of benefit |
| | £ every | £ every |

3 Private pension

| | You | Your partner |
|--|--|--|
| 3 Do you receive a private pension or a pension from an employer? | No <input type="checkbox"/> Go to question 4 Yes <input type="checkbox"/> | No <input type="checkbox"/> Go to question 4 Yes <input type="checkbox"/> |
| Please provide the total amount you receive for pensions before tax has been deducted. | Total £ <input style="width: 150px;" type="text"/> every | £ <input style="width: 150px;" type="text"/> every |
| If your pension income is £1000 per month or more, please provide evidence. | | |

4 Maintenance income

| | You | Your partner |
|---|--|--|
| 4 Do you or your partner receive maintenance payments for anyone in your household? | No <input type="checkbox"/> Go to question 5 Yes <input type="checkbox"/> | No <input type="checkbox"/> Go to question 5 Yes <input type="checkbox"/> |
| If 'Yes', please say how much. | £ <input style="width: 150px;" type="text"/> every | £ <input style="width: 150px;" type="text"/> every |

5 Other income

| | | |
|--|--|--|
| 5a Do you or your partner receive any of the following (please tick all that apply): | | |
| Student grant or loan <input type="checkbox"/> | | Rent from another property <input type="checkbox"/> |
| Board or rent from family, lodger or tenants <input type="checkbox"/> | | Income from any other source <input type="checkbox"/> |
| Financial support from anyone else or someone allowing you to use other assets or money e.g. trust funds. <input type="checkbox"/> | | No <input type="checkbox"/> Go to question 5b |
| If you receive income from another property please provide bank statements for the past 3 months to date. | | |
| | You | Your partner |
| Add together the total amount you receive from the above sources of income. | £ <input style="width: 150px;" type="text"/> every | £ <input style="width: 150px;" type="text"/> every |
| 5b Do you or your partner receive interest from savings? | No <input type="checkbox"/> Go to question 5c Yes <input type="checkbox"/> Give details below | No <input type="checkbox"/> Go to question 5c Yes <input type="checkbox"/> Give details below |
| If 'Yes', please say how much. | £ <input style="width: 150px;" type="text"/> every | £ <input style="width: 150px;" type="text"/> every |
| 5c Do you or your partner withdraw a regular amount from your savings to meet your monthly outgoings? | No <input type="checkbox"/> Go to question 6 Yes <input type="checkbox"/> Give details below | No <input type="checkbox"/> Go to question 6 Yes <input type="checkbox"/> Give details below |
| If 'Yes', please say how much. | £ <input style="width: 150px;" type="text"/> every | £ <input style="width: 150px;" type="text"/> every |

5 Other income (cont)

If you or your partner have answered 'Yes' to 5b or 5c , please give details of the savings and investments that this is based on below.

| | | |
|--------------------------|----------------------|----------------------|
| Bank or building society | Account number | Type of account |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of account holder | Sort code | Current balance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank or building society | Account number | Type of account |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of account holder | Sort code | Current balance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank or building society | Account number | Type of account |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of account holder | Sort code | Current balance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

6 Children

6a Do you have any children of the family living with you **for whom you are in receipt of child benefit?**

No Go to question 7
 Yes

6b How old will they be at their next birthday?

| | | | |
|---------------------------------|----------------------|----------------------------------|----------------------|
| Number of children aged 1 | <input type="text"/> | Number of children aged 11 to 12 | <input type="text"/> |
| Number of children aged 2 to 4 | <input type="text"/> | Number of children aged 13 to 15 | <input type="text"/> |
| Number of children aged 5 to 7 | <input type="text"/> | Number of children aged 16 to 18 | <input type="text"/> |
| Number of children aged 8 to 10 | <input type="text"/> | | |

Outgoings

7 Housing

See Note 17 & 18

7a How much do you and/or your partner pay **in total** towards your rent or mortgage after deducting housing benefit? £ every

If your housing costs are over £500 per month you must provide evidence.

7 Housing cont

7b How much Council Tax do you **and/or** your partner pay **in total**? £ per year

7c Do you **and/or** your partner pay for your keep ('board and lodgings') at the property where you live? No Go to question 7e
Yes

If 'Yes', please say how much. £ every

7d If you answered 'Yes' to question 7c, how much of the above is for food? £ every

If your housing costs are over £500 per month you must provide evidence.

7e Please give the name of the person you pay board to and your relationship to them.

Name

Relationship

8 Childcare costs

See Note 18

Do you **and/or** your partner pay childcare costs (to a registered childcare provider)? £ every

If your child care costs are over £500 per month you must provide evidence.

9 Maintenance outgoings

Do you **and/or** your partner pay maintenance for any children who do not live with you or any ex-partners? No
Yes

Add together the maintenance you **and/or** your partner pay **in total** for any children and/or ex-partners. £ every

Part B - Self-employment, partnerships and directorships

See Note 20

Are you or your partner self-employed, in a partnership, a company director or shareholder in a private company?

No Go to Part C on page 8. Yes Go to question 1a.

| | You | Your partner |
|--|---|--|
| 1a Are you self-employed? | No <input type="checkbox"/> Go to question 1f. Yes <input type="checkbox"/> Give details below | No <input type="checkbox"/> Go to question 1f Yes <input type="checkbox"/> Give details below |
| 1b How many forms of self-employment do you have? | <input type="text"/> | <input type="text"/> |
| 1c Trading name of business | Business A: Business B: | |
| 1d Address where the business trades from | A: B: | A: B: |
| 1e How much money do you take from the business as your personal income (you may refer to this as drawings)? | £ every | £ every |
| 1f Are you a partner in a business partnership? | No <input type="checkbox"/> Go to question 1m Yes <input type="checkbox"/> Give details below | No <input type="checkbox"/> Go to question 1m Yes <input type="checkbox"/> Give details below |
| 1g How many partnerships do you have? | <input type="text"/> | <input type="text"/> |
| 1h Trading name of partnership | Partnership A: Partnership B: | |
| 1i Address where the partnership works from | A: B: | A: B: |

1 Self-employment, partnerships and directorships (cont)

| | You | Your partner |
|---|--|--|
| 1j What is your percentage share of the partnership profit? | A: _____ % B: _____ % | A: _____ % B: _____ % |
| 1k How much money do you take from the business as your personal income (you may refer to this as drawings)? | £ _____ every | £ _____ every |
| 1l Please give the names of the other partners | A: _____ B: _____ | A: _____ B: _____ |
| 1m Are you a shareholder in a private limited company or a company director? | No <input type="checkbox"/> Go to question 1s Yes <input type="checkbox"/> Give details below | No <input type="checkbox"/> Go to question 1s Yes <input type="checkbox"/> Give details below |
| I am a director | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| I am a shareholder | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 1n How many companies are you a director or shareholder of? | | |
| 1o Trading name of the company | Company A: _____ Company B: _____ | |
| 1p Registered office or business address of the company | A: _____ B: _____ | A: _____ B: _____ |
| 1q What is your percentage share of the company profit? | A: _____ % B: _____ % | A: _____ % B: _____ % |
| 1r How much did you receive in dividends in the last financial year? | £ _____ every | £ _____ every |
| 1s Have you filled in a self-assessment tax return for HM Revenue & Customs (the Inland Revenue) for your income since you started your self-employment, partnership, directorship or shareholding? See Note 21 | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If 'Yes', please say how much you earn | £ _____ every | £ _____ every |

1 Self-employment, partnerships and directorships (cont)

| | You | Your partner |
|---|---|---|
| 1t Have you received a self-assessment tax calculation sheet from HM Revenue & Customs (the Inland Revenue) telling you about your tax liability? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If 'Yes' please say how much. | £ <input style="width: 100px;" type="text"/> every | £ <input style="width: 100px;" type="text"/> every |

Part C - Checklist

| Have you attached the following supporting documents with your application? Tick as appropriate. | You | Your partner |
|---|--------------------------|--------------------------|
| • Wage slips | <input type="checkbox"/> | <input type="checkbox"/> |
| • P11 form (benefits-in-kind) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Completed financial accounts | <input type="checkbox"/> | <input type="checkbox"/> |
| • Full self-assessment tax return form (SA100) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tax calculation sheet (SA302) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bank statements from the last 3 months to date | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rental, tenancy agreement or mortgage statement | <input type="checkbox"/> | <input type="checkbox"/> |
| • Proof of childcare costs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Restraint or freezing order | <input type="checkbox"/> | <input type="checkbox"/> |
| • Evidence where partner is unable to sign | <input type="checkbox"/> | <input type="checkbox"/> |
| • Statement of Truth | <input type="checkbox"/> | <input type="checkbox"/> |

Data Protection Act - Access to personal information

We will use the information you provide in this form, and any other information we may receive, to process your application for legal aid. We will keep it in line with the principles of the Data Protection Act 1998 and any relevant confidentiality arrangements.

The Legal Services Commission is the data controller. If necessary, we may check or share the information you provide with other organisations, such as:

- the Department for Work and Pensions;
- HM Revenue & Customs;
- the Land Registry;
- Companies House;
- credit reference agencies

We will only share the information if it is necessary to protect the public funds or where we have to do so by law.

We or HM Courts Service may also process your information to produce management or research information. The results of our research will only be published in a statistical or anonymous form.

We will keep information for as long as is necessary to fulfil our duties under the Access to Justice Act 1999. You have the right to look at the personal information held about you, to inspect it, and have it corrected if it is wrong.

DECLARATION

Authority by your partner

See Note 22

If you have a partner whose details have been completed on this form, they must sign the authority below, unless your partner is abroad, in hospital or otherwise unable to sign.

This is a true statement of all my income.

I agree to the Legal Services Commission and HM Courts Service checking these facts with others such as the Department for Work and Pensions and HM Revenue & Customs. I authorise those people or organisations to provide the information that they may request.

Signature..... Date...../...../.....

Full name (in BLOCK CAPITALS).....

Your declaration

This is a true statement of all my and my partner's income. I understand that if I tell you anything untrue on this form, or the documents I send with it, or leave anything out:

- a) I may be taken to court; or
- b) the Legal Services Commission may take away my legal aid so I have to pay all my legal fees.

I understand that if I have made a statement which is false, or I knowingly withhold information, I may be prosecuted, which may result in a prison sentence or a fine.

I agree to the Legal Services Commission and HM Courts Service checking these facts with others such as the Department for Work and Pensions and HM Revenue & Customs. I authorise those people or organisations to provide the information that they may request.

I agree to the Legal Services Commission contacting my partner to check the information I have given about their means.

I will:

- a) provide more evidence if the Legal Services Commission or HM Courts Service ask; and
- b) tell the Legal Services Commission or HM Courts Service if anything I have said here changes.

I agree to the Legal Services Commission or, HM Courts Service contacting my partner, where he or she is unable to fill in the form, to verify his or her financial information. I understand that if the information is incorrect or my partner refuses to provide information my legal aid may be withdrawn.

I understand that if my case goes to the Crown Court or any higher court, the court may order that I pay some or all of the costs of the proceedings through a Recovery of Defence Costs Order. I understand that the information given in this form will be provided to that court. I also understand that I am required to provide further details of my financial circumstances to the court or the Legal Services Commission, or both, so that the court can consider whether a Recovery of Defence Costs Order should be made, and the terms of that Order. I understand that if I fail to provide information or evidence as requested by the court, the Legal Services Commission or both, the court can make an Order for all the costs incurred in my representation.

Signature..... Date...../...../.....

Full name (in BLOCK CAPITALS).....

