



Criminal

Mental health

Civil

Family

If you have any questions call 0800 2 LEGAL AID (253 425) or go to: www.justice.govt.nz/legal-aid

Personal details

1

Title

Miss

Ms

Mrs

Mr

2

Full name

3

Have you ever used another name?

Yes

No

If yes – list your other names used.

4

Date of birth

dd / mm / yyyy

5

Your current address

6

Your postal address

(if different from current address or in custody)

7

Mobile phone

8

Home phone

9

Work phone

10

Other contact phone

Whose number is this?

11

Email

Living arrangements

12

Do you have a partner who lives with you?

Yes

No

If yes – partner's full name:

Is your partner the other party or the alleged victim in the proceedings?

Other party

Alleged victim

13

How many children do you have 18 years old or under?

How many of those are living with you?

Income

14 The income you and/or your partner receive:

Note that the following payments are excluded when we are assessing your income: Accommodation supplement, Emergency benefit, Disability allowance, Special benefit, Child disability allowance, Unsupported child benefit and, if either you or your partner are in prison, your partner's income and assets.

	You \$ (before tax)	Partner \$ (before tax)	Frequency (eg weekly/monthly/annual)
Wages or salary			
Employer name, phone, address:			
Business/self employed			
Working for families tax credits			
Income from rent(s)			
Interest or dividends			
Income from a trust – please also complete questions 16 and 17			
Pension or benefit:			
1. Jobseeker support			
2. Sole parent support			
3. Supported Living Payment			
4. NZ Superannuation			
5. Student Allowance			
<i>Other</i>			
What is your WINZ number?			

15 If you don't receive an income, how are you financially supported?

Complete this section and question 42 if you have an interest in a trust

16 Does the trust owe money to you and/or your partner? Yes No

If yes – how much: \$

17 When will you receive this money? I don't know

Assets and debts

18 Do you and/or your partner own or have an interest in a home or land and/or property?

Yes No

If you and/or your partner have more than one property please provide this information as below on another page.

Property address		
		Postcode
Legal owner of property		
Estimated value \$		
Mortgage balance \$		

Is it in a trust?

Yes No

What is your share of ownership of it? (eg 50%)

%

Is it in dispute?

Yes No

19 Do you and/or your partner have any money or investments?

Yes No

	You \$	Partner \$	Is it in dispute?	
Cash, savings and term deposits			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shares and bonds			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retirement funds (not Kiwisaver)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other – including money owed to you			Yes <input type="checkbox"/>	No <input type="checkbox"/>

20 Do you and/or your partner have any items that have a resale value of \$3,500 or more? (eg motor vehicles, boats, etc)

Yes No

Description	Value \$	Amount owing for vehicles only \$	Is it in dispute?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

21 Do you and/or your partner have any debts?

Yes No

If yes – what is the balance owing?

	You \$	Partner \$	Is it in dispute?	
Bank overdraft, personal debt, credit cards			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fines, tax, student loan			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hire purchase			Yes <input type="checkbox"/>	No <input type="checkbox"/>
WINZ			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other financial information

22 Are there any other reasons why you can't pay for your own lawyer?

23 Has any lawyer received any payments (other than legal aid) or entered into any private fee arrangement for work in regards to this matter? If yes – please provide name, work completed and total paid to the lawyer.

Court details

24 Where will your case be heard?

Location (*town, city*)

Court type (*eg District Court, Tribunal*)

25 Has your case already ended?

Yes Date case ended No Next court hearing date and time?

Time

Why is this application being made after the case has ended?

Criminal legal aid only

26 What are your charges or the charges you are appealing?

Offence type	Section and Act	Criminal Record Number

If you have other charges, include them on another page.

27 If you are facing a maximum penalty of less than 6 months in prison or you are applying for parole, tick the applicable statements.

- | | |
|---|---|
| <input type="checkbox"/> I have previous convictions. | <input type="checkbox"/> The proceedings involve a substantial question of law. |
| <input type="checkbox"/> There is a likelihood I will go to prison if convicted. | <input type="checkbox"/> There are complex factual, legal, or evidential matters. |
| <input type="checkbox"/> I do not understand the charges or cannot state my own case. | |

If you have ticked a statement above, provide comment on why aid should be granted.

Parole legal aid only

28 What are the parole proceedings about?

- | | | |
|---|---|----------------------|
| <input type="checkbox"/> Postponement order | <input type="checkbox"/> Extended supervision order | |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Release (section 21) | |
| <input type="checkbox"/> Non-release order | <input type="checkbox"/> Other – section of the Act | <input type="text"/> |

Appeal legal aid only

29 What are you appealing?

- | | | |
|--|--|----------------------|
| <input type="checkbox"/> Conviction | <input type="checkbox"/> Pre-trial ruling | |
| <input type="checkbox"/> Sentence | <input type="checkbox"/> Parole Board matter | |
| <input type="checkbox"/> Conviction and Sentence | <input type="checkbox"/> Other | <input type="text"/> |

30 What are the grounds for the appeal?

Complete question 31 if you are applying for **appeal or parole** proceedings, you are facing charges that have a maximum sentence of more than **10 years in prison** or were advised by a **PDLA lawyer in custody**.

31 Who do you want as your lawyer?

<input type="checkbox"/> My PDLA lawyer	<input type="checkbox"/> I don't know
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Applicant confirmation

By signing this application form, you agree and acknowledge that:

- » personal information about you will be collected and/or disclosed to meet responsibilities under the Legal Services Act 2011, associated regulations and/or any other relevant statute or court order. This information may be used for statistical and/or research purposes and in this context will not individually identify you
- » you have the right to have access to all information held about you, and to request correction of that information under the Privacy Act 1993
- » we will assess your financial means and you may be required to repay some or all of your legal aid. Any assets or property that you own may be subject to a charge to cover some or the entire repayment amount
- » interest will be charged on all outstanding legal aid debt when the case has finished
- » if you receive or keep any assets, property or money from your case, they are also subject to a charge to cover some or all of your legal aid costs
- » if you don't meet your repayment obligations we may issue a deduction notice to automatically deduct payments from your benefit, employment income or bank account and/or send your debt to a third party debt collection agency with collection costs added to the amount owed
- » you must let us know immediately of changes in your address, income or assets and provide updated information about your financial means during your case
- » we may contact Work and Income or another third party to obtain verification of your financial means, income, bank account, employer, address and phone number. This could include information about your benefit and asking other third parties (including your employer, bank or other income source) to provide the information when asked
- » if you don't provide all the information requested, your application may be declined
- » your information will be saved/stored in an electronic and/or physical form (unless you advise us otherwise)
- » the information you have given in this application is true, not misleading, and completed to the best of your knowledge
- » it is an offence to produce false documents, not answer required questions or provide false/misleading information to obtain legal aid or avoid repayment
- » you have no insurance or indemnification available to cover some or all of your legal costs
- » for family and civil applications, you must pay your lawyer the legal aid user charge and your application may be refused if you have outstanding debt arrears from a previous grant
- » for criminal cases, we will provide the contact details of your lawyer to the Police Prosecution Service and/or the Department of Corrections so that your lawyer can receive disclosure and for their offices to be the address for service of any documents on your behalf to progress your case
- » if a lawyer is signing this application where the applicant appeared via audio visual link, they have consented to me signing this form on their behalf.

Signature of applicant/representative

Date

dd / mm / yyyy

Complete this section if this application been completed by a duty lawyer or someone other than the applicant

Name

Relationship to applicant

Family and civil legal aid only

This section is to be completed by your lawyer

32 LA Provider number

33 Full lawyer name

34 What date were instructions first received?

dd / mm / yyyy

35 What is the proposed proceeding(s)?

Civil legal aid only

This section is to be completed by your lawyer

38 Have there been any negotiation or settlement offers in this matter?

Yes

No

If yes – please provide details:

39 Is the applicant in a representative, fiduciary or official capacity?

Yes

No

If yes, is it likely the court would order costs be paid out of the estate/fund?

Yes

No

40 Are there any other people who have an interest in this matter?

Yes

No

If yes, would any person beneficially interested suffer hardship?

Yes

No

Family and civil only – Lawyer’s confirmation

This section is to be completed by your lawyer

As the lead lawyer completing and signing the application form:

- » I acknowledge and confirm my obligation to take all reasonable steps to protect the interests of the Legal Services Commissioner as required by the Legal Services Act 2011, particularly in relation to changes in the applicant’s circumstances or anything that would affect the prospects of success, repayment obligations and proceeds of proceedings.
- » I have advised the applicant of their rights and responsibilities as outlined above and that they have waived legal professional privilege for an audit or an investigation under the Act and the effects and implications of that waiver.

Signature of lawyer

Date

dd / mm / yyyy

Documents to be attached

41 For family and civil legal aid, please attach proof of:

Your income (eg payslip, bank statements, WINZ benefit, income tax statements, Working for Families/or for a business set of latest accounts).

Your partner’s income (eg payslip, bank statements, WINZ benefit, income tax statements, Working for Families/or for a business set of latest accounts).

42 If you have an interest in a trust please also attach copies of:

original trust deed

latest financial trust accounts.

More information

If you have any questions call 0800 2 LEGAL AID (253 425) or go to: www.justice.govt.nz/legal-aid

You can email the completed form to:

Criminal:

- » wgncriminallegalaid@justice.govt.nz
- » aklcriminallegalaid@justice.govt.nz

Family:

- » wgnfamilylegalaid@justice.govt.nz
- » aklfamilylegalaid@justice.govt.nz

Civil:

- » wgncivillegalaid@justice.govt.nz
- » aklcivillegalaid@justice.govt.nz

Or post it to:

- » Legal Aid Services
SX10146, Wellington
- » Legal Aid Services
BX10660, Auckland