

Family or civil legal aid application form

This application is for family civil

When to use this form

Use this form if you need help paying for a lawyer for your court case.

Get more information

If you need more help filling in this form, please call 0800 2 LEGAL AID (0800 253 425) or contact your lawyer. You can find one on the "Find a legal aid lawyer" tool on our website <http://www2.justice.govt.nz/find-a-legal-aid-lawyer/>

1. Personal Details

Name

1. Title Miss Ms Mrs Mr

2. First names

3. Last name

4. Have you ever used another name? No Yes Please list your other names used

5. Date of birth / /
dd mm yyyy

Address

6. Your current address

7. Your postal address (leave blank if same as above)

Contact details

8. Email

9. Mobile phone

10. Home phone

11. Work phone

12. Other contact phone

2. Living Arrangements

13. Do you have a partner (wife, husband, civil union partner, de facto partner - someone you have a relationship with in the nature of marriage)?

No

Yes What is your partner's name Date of birth / /
dd mm yyyy

Family situation

14. Do you have any financially dependent children?

No Yes How many?

3. Tell us about your income

15. The income you and/or your partner receive:

Note that the following payments such as the Accommodation Supplement, Emergency Benefit, Disability Allowance, Special Benefit, Child Disability Allowance, Unsupported Child Benefit are excluded when we are assessing your income.

	You \$ before tax	Partner \$ before tax	Frequency eg weekly/monthly
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 benefit			
3. Supported Living Payment			
4. NZ Superannuation			
5. Youth Payment			
6. Other (please tell us what it is)			
What is your WINZ number?			

Draft New Version

Only complete this section if you have an interest in a Trust:

16. Does the Trust owe money to you and/or your partner? No Yes How much?

17. When will you receive this money? / / Don't know
dd mm yyyy

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

4. Tell us about your assets and liabilities

19. Please fill in this section if you and/or your partner owns or has an interest in a home, land and/or property:

Property address		
Estimated value \$		
Mortgage owed \$		
Is this property in a Trust?		Y/N
Is this property registered under the Joint Family Homes Act?		Y/N
Is this property on/or Maori land?		Y/N
What is your share of ownership of this property (eg 50%)		%
Is this property in dispute?		Y/N

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

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

	You \$	Your partner \$
Term deposits		
Cash savings		
Bonus Bonds		
Other - eg money owed to you		

21. Do you and/or your partner have any items that have a resale value of \$10,000 or more (eg motor vehicles, boats, etc)?:

Description	You \$	Your partner \$

22. Have any of the above assets been seized, frozen or restrained by the Police or the court?

No Yes Please list below

23. Do you and/or your partner have any debts? What is the total amount owing?:

Description	You \$	Your partner \$
Bank overdraft or personal debt		
Credit cards		
Fines, tax, student loan		
Hire purchase		
Other - eg Baycorp		

Other Financial Reasons

24. Are there any other financial reasons you want us to consider with your application? If so, please tell us below:

Costs

25. 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.

Documents to be attached to this application:

26. Please attach the following:

- Proof of your income (eg payslip, bank statements, WINZ benefit verification and/or set of latest accounts, and/or income tax statement).
- Proof of your partner's income (eg payslip, bank statements, WINZ benefit verification and/or set of latest accounts, and/or income tax statement).
- If you have an interest in a Trust please attach: a copy of original Trust deed a copy of latest financial accounts for the Trust.

5. Sign the declaration

When you apply for legal aid:

You don't have to provide us with information, but if you don't provide all the information requested, your application may not be able to be assessed, or may be declined.

Your application may be refused if you have any debt from a previous legal aid grant.

We will collect or disclose personal information about you to meet responsibilities under the Legal Services Act 2011 (the Act), 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.

Under the Privacy Act 1993 you have the right to have access to all information held about you, and to request correction of that information.

We will assess your financial means and as a result 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, including any interest charged. This includes any costs or settlements awarded to you.

If you receive or keep any assets, property or money as a result of the case, they are also subject to a charge to cover some or all of your legal aid costs.

Interest will be charged on all outstanding legal aid debt when the case has finished.

If you don't meet your repayment obligations we may:

- send your debt to a third party debt collection agency and add the collection costs to the amount owed; and
- issue a deduction notice to automatically deduct payments from your benefit, employment income or bank account.

While receiving legal aid or if you have a legal aid debt:

- you must let us know immediately if you have changed your address, or if your income or assets change
- provide updated information about your financial means if we ask.

It is an offence, (which could result in a conviction or a fine) to:

- not answer questions or produce false documents when you are required to do so under the provisions of the Act or associated regulations, without reasonable excuse
- knowingly provide false and misleading information, or answer any question in a false and misleading way; and
- intentionally avoid payment to legal aid.

By signing the application form you consent to:

- paying your lawyer the legal aid user charge
- legal aid contacting Work and Income or any other third party to obtain verification of your financial means, benefit income, bank account, employer, address and phone number. This could include Work and Income providing information about your benefit and asking other third parties (including your employer, bank or other income source) to provide the information when asked
- your information being saved/stored in an electronic and/or physical form (unless you advise us otherwise) You have read and understood the information, rights and responsibilities explained above.

You confirm that the information you have given in this application is true, not misleading, and completed to the best of your knowledge. You also confirm that you have no insurance or indemnification available to cover some or all of your legal costs.

Signature of Applicant/Representative _____ Date / dd mm yyyy

Representative name

Relationship to applicant?

6. Lawyer's section

Name

27. Title Miss Ms Mrs Mr

28. First names

29. Last name

30. Name of law firm

31. Name of instructing solicitor (if required)

32. What date were instructions first received?

33. Have any of the matters subject to the application been disposed of in court, tribunal or any other means?

No Yes What was the date of final disposition? / dd mm yyyy

34. If you could not get the application to us within 15 days of final disposition, please explain why below:

Other party

35. Who are the other party(s) in this dispute? Please name them here: _____

36. Their relationship to the applicant (eg partner, employer, spouse) _____

37. Address of other party(s) (if known) _____

38. Name of other party(s) lawyer (if known) _____

Proceedings

39. In which court or tribunal including location will this case be heard?

Justification for legal aid

40. What is this application of legal aid for? Do you think it will succeed?

Applicant eligibility - civil applications only

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

No Yes Please provide details:

42. Please indicate if anyone beneficially interested will suffer hardship if the estate/fund is diminished or extinguished as a result of a cost order:

43. Please tell us if there are any other people who have an interest in this matter:

Cost of work not covered by any fixed fees schedule

44. Please complete these tables for funding sought, not covered by fixed fee schedules. Please state all values exclusive of GST.

Proceedings type (eg summary, judgment, harassment)	Steps/stage	Hours sought	Total (excl GST)

Other (list) (eg interlocutory application)	Steps/stage	Hours sought	Total (excl GST)

Disbursements	Steps/stage	Hours sought	Total (excl GST)
		Total	
		Total (GST)	
		Grand Total incl GST	

Additional information

45. Is there anything else you want to tell us about this case?

7. Lead provider confirmation

As the lead provider 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 (the Commissioner) in relation to charges and proceeds of proceedings.

I also confirm that:

- I will advise the Commissioner if circumstances arise that would affect the prospects of success of the proceedings,
- the applicant has been advised about their responsibilities and rights.

I am aware of my obligations to notify the Commissioner:

- of any change to the applicants address, or any increase in their income or assets (where I am aware),
- that the applicant avoided/is avoiding/is attempting to avoid making payments to the Legal Aid from proceeds of proceedings (where I am aware).

I have advised my client:

- that any arrears from a previous grant of legal aid, could mean that this application is refused
- of the fact that they have waived legal professional privilege for the purpose of an audit or an investigation by the Performance Review Committee or any other investigation of me under the Act and the effects and implications of that waiver
- that a repayment may be required
- of interest being added on outstanding debt incurred by the applicant and the debt recovery powers of the Commissioner.

Signature of Lead Provider: _____

Date
dd mm yyyy

Did the applicant appear via audio visual link (AVL)?

I confirm at the time this application was completed, the applicant appeared via audio visual link and consents to me signing this form on their behalf.

Signature of lawyer (signed on behalf of applicant)

Date
dd mm yyyy

More information

If you have further questions:

Call: 0800 2 LEGAL AID (253 425)

Go to: justice.govt.nz/legal-aid

If you need help filling in this form, call 0800 LEGAL AID (0800 253 425) or visit justice.govt.nz/legal-aid

When the application is complete you can:

- email it to:
aklfamilylegalaid@justice.govt.nz
aklcivillegalaid@justice.govt.nz
wgnfamilylegalaid@justice.govt.nz
wgncivillegalaid@justice.govt.nz
- post it to Ministry of Justice, SX10088, Wellington, New Zealand.