

# Application for **criminal legal aid**

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	Mr	Ms	Mrs	Miss				
2	Full name								
3	Have you ever used and	other name?				Yes		No	
			If yes, your ot	her names used:					
4	Date of birth	dd / mm	/ уууу	5	Ethnicity				
6	Your current address								
						Postco			
7	Your postal address (if o	different from currer	nt address, or in	custody)					
						Postco			
8	Home phone			9 Wor	k phone				
				_					
10	Mobile phone			11 Othe	er contact phone				
				Who	ose number is this?				
12	Email								

Liv	ing arrangements and other personal	details				
13	Do you have a partner who lives with you	?		Yes	No	
	If	yes, your partner's full name	:			
44	How many children do you have under 19	voare old? (including stop o	shildren feeter	ahildran ata)		
14	How many children do you have under 18	years old? (including step to				
			How ma	any of those are livi	ing with you?	
15	Is your partner the alleged victim in the pr	roceedings?		Yes	No	
16	Is anyone else charged with you?			Yes	No	
	If yes, their name(s):					
17	Are you currently subject to the Mental Ho Disability Compulsory Care & Rehabilitati		al	Yes	No	
Inc	ome					_
18	The income you and your partner current Note that the following payments are excluded benefit, Disability allowance, Special benefit, Te and, if either you or your partner are in prison (6)	when we are assessing your mporary additional support,	Child disability	/ allowance, Unsup your partner's inco	pported child bene ome and assets.	
	Please indicate if this income is:			Before tax	After tax	
	Please indicate if this income is:		Frequency	Before tax	After tax  Frequence	су
		You \$	Frequency (eg weekly)	Before tax  Your partner	Frequen	
	Wages or salary	You \$			Frequen	
		You \$			Frequen	
	Wages or salary	You \$			Frequen	
	Wages or salary Employer name, phone, address:	You \$			Frequen	
	Wages or salary Employer name, phone, address: Business/self employed	You \$			Frequen	
	Wages or salary Employer name, phone, address:  Business/self employed  Working for families tax credits Income from rent(s) Interest or dividends	You \$			Frequen	
	Wages or salary Employer name, phone, address:  Business/self employed  Working for families tax credits Income from rent(s)	You \$			Frequen	
	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 – also complete	You \$			Frequen	
	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 – also complete questions 23-24	You \$			Frequen	
	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 – also complete questions 23-24  Student allowance	You \$			Frequen	
	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 – also complete questions 23-24  Student allowance  Other				Frequen	kdy)
	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 – also complete questions 23-24  Student allowance  Other  What is your WINZ number?			Your partner	Frequence (eg week)	kdy)
	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 – also complete questions 23-24  Student allowance  Other  What is your WINZ number?  Please tick if you or your partner receive			Your partner	Frequence (eg week)	kdy)
	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 – also complete questions 23-24  Student allowance  Other  What is your WINZ number?  Please tick if you or your partner receive Jobseeker support			Your partner	Frequence (eg week)	kdy)

19	If you don't receive an income, how are you financially supported?						
Ass	ets and debts						
20	Do you and/or your partner own or have an a home or land and/or property?	interest in		Yes	No		
	Property address						
				Postcode			
	Legal owner of property						
	Estimated value \$						
	Mortgage balance \$						
	What is your share of ownership of it? (eg 50	0%)			%		
		,		Van			
	Is it in a trust?			Yes	No		
	Is it on/or Māori land?			Yes	No		
	If you and/or your partner have more than one pro	operty please provide this	s information on anot	her page.			
21	Do you and/or your partner have any money	y or investments? (exc	cluding KiwiSaver)	Yes	No		
		You \$		Your pa	rtner \$		
	Cash, savings and term deposits						
	Shares and bonds						
	Retirement funds						
	Other (eg money owed to you)						
	De view and/an view newtoon have any items	that have a vecale val					
22	Do you and/or your partner have any items \$3,500 or more? (eg motor vehicles, boats, other)		ue or	Yes	No		
	Description		Value \$	Am	ount owing \$		
23	Do you and/or your partner have any debts'	?		Yes	No		
	If yes, what is the balance owing?	You \$		Your pa	rtner \$		
	Bank overdraft, personal debt, credit cards						
	Fines, tax, student loans						
	Hire purchase						
	WINZ						
	Other (eg Baycorp etc)						

Onl	y complete this section if you have an interest i	n a trust						
24	Does the trust owe money to you and/or your partner	?		Yes	No			
			If ye	s, how much?	\$			
25	When will you receive this money?		dd / mm	n / yyyy	I don't know			
lease	attach the original trust deed and the latest trust accounts.							
Oth	er financial information							
26	Are there any other reasons why you can't pay for yo	ur own lawy	ver?					
		_						
Crir	minal charges							
27	What are your charges, or the charges you are appea	ling?			0			
	Offence type	Section	n and Act	Max. penalty	Criminal Record Number			
	If you have other charges, include them on another page.							
28	If you are facing a maximum penalty of less than 6 mo applies to you.	onths in pris	son or are app	olying for pa	role, tick what			
	I have previous convictions.	The pr	oceedings invol	ve a substant	al question of law.			
	There is a likelihood I will go to prison if convicted.	There	are complex fac	ctual, legal, or	evidential matters.			
	I do not understand the charges or cannot state my own case.  Other reason aid should be granted.							
	If you have ticked a statement above, provide comment on why aid should be granted.							

What	t are the parole proceedings about	t?		
	Postponement order		Extended supervision order	
	Recall		Release (section 21)	
	Non-release order		Other – section of the Act	
eals	only			
What	t are you appealing?			
	Conviction		Pre-trial ruling	
	Sentence		Parole Board matter	
	Conviction and sentence		Other	
	t are the grounds for the appeal, a		aid be granted?	
			aid be granted?	
rt de			aid be granted?	
rt de	tails re will your case be heard?		ourt) Type of hearing (eg case review)	
rt de Wher Locat	tails re will your case be heard? tion (town, city)	Court type (eg District Coor parole proceedings	ourt) Type of hearing (eg case review)  you are facing charges that have a maximu	um sen
rt de Wher Locat de que an 10	tails  re will your case be heard?  tion (town, city)  estion 32 if you are applying for appeal	Court type (eg District Coor parole proceedings	ourt) Type of hearing (eg case review)  you are facing charges that have a maximu	um seni
rt de Wher Locat te que	tails  re will your case be heard?  tion (town, city)  estion 32 if you are applying for appeal 0 years in prison or you were advised  do you want as your lawyer?	Court type (eg District Coor parole proceedings	ourt) Type of hearing (eg case review)  you are facing charges that have a maximulegal Assistance (PDLA) lawyer.	um sent

## **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 2020
- » 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
- » 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
- » 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
- » 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
- » you consent to having your details provided to the court, and receiving text messages from the court about the date and time of your appearances.
  If you wish to stop receiving these text messages you can reply 'STP'. If your number changes call 0800 268 787 or talk to a staff member at your local court
- » If a lawyer is signing this application where the applicant appeared via audio visual link, the applicant has consented to me signing this form on their behalf; though I am not signing as agent for the applicant, nor do I provide any undertakings. I confirm this is a correct record of the information provided to me by the applicant today.

Signature of applicant/representative				Date	dd / mm / yyyy		
Has this application been signed or completed by a duty lawyer or someone other than the applicant?					Yes	No	
Name			Relationship				

## **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:

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

#### Or post it to:

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