Duty lawyer completes this section

Is this application urgent? Yes No If yes, is it because of: Opposed bail or Other

If this application is urgent, which Duty Lawyer Supervisor has approved it?

Next hearing date and time (all applicants)



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 oth	er names	used:				
4	Date of birth	dd / mm	/ уууу						
5	Your current address								
							Postco		
6	Your postal address (if o	different from currer	nt address, or in c	custody)					
							Postco		
7	Home phone			8	Work p	ohone			
9	Mobile phone			10	Other	contact phon	е		
					Whose	e number is this	5?		
11	Email								

Liv	ing arrangements and other personal	details							
12	Do you have a partner who lives with you'	?		Yes	No				
	lf y	res, your partner's full name:							
42	How many shildren do you have under 10	vecto old? /including etch	lailaina na fa atau	abildyan ata)					
13	How many children do you have under 18	years old? (including step to							
	How many of those are living v								
14	Is your partner the alleged victim in the pr		Yes	No					
15	Is anyone else charged with you?		Yes	No					
	If yes, their name(s):								
16	Are you currently subject to the Mental He Disability Compulsory Care & Rehabilitation		al	Yes	No				
Inc	ome								
17	The income you and your partner currently receive: Note that the following payments are excluded when we are assessing your income: Accommodation supplement, Emergency benefit, Disability allowance, Special benefit, Temporary additional support, Child disability allowance, Unsupported child benefit and, if either you or your partner are in prison (excluding on remand for 3 months or less), your partner's income and assets. Please indicate if this income is: Before tax								
	Please indicate if this income is:			Deloie lax	Ailei lax				
	Please indicate if this income is:	You \$	Frequency (eg weekly)	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	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	klý)			
	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	Frequent (eg week	klý)			
	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 a			Your partner	Frequent (eg week	klý)			
	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 a Jobseeker support			Your partner	Frequent (eg week	klý)			

8	If you don't receive an income, how are you financially supported?							
Ass	sets and debts							
9	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%)						
	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	pperty please provide this	s information on anot					
				. 0				
20	Do you and/or your partner have any money	y or investments? (exc	luding KiwiSaver)	Yes	No			
		You \$		Your par	rtner \$			
	Cash, savings and term deposits							
	Shares and bonds							
	Retirement funds							
	Other (eg money owed to you)							
1	Do you and/or your partner have any items \$3,500 or more? (eg motor vehicles, boats, other)		ue of	Yes	No			
	Description		Value \$	Am	ount owing \$			
2	Do you and/or your partner have any debts?	?		Yes	No			
	If yes, what is the balance owing?	You \$		Your par	rtner \$			
	Bank overdraft, personal debt, credit cards							
	Fines, tax, student loans							
	Hire purchase							
	WINZ							
	Other (eg Baycorp etc)							

Only	complete this section if you have an interest	in a trust						
3	Does the trust owe money to you and/or your partner	r?		Yes	No			
			If ye	s, how much?	\$			
,	When will you receive this money?		dd / mn	n / yyyy	I don't know			
ase a	attach the original trust deed and the latest trust accounts.							
othe	er financial information							
5	Is there is any other financial information relevant to yo details (e.g. weekly, monthly payments and amounts).	ur applicatio	n? If yes, pleas	se list here an	nd provide			
Crin	ninal charges							
6	What are your charges, or the charges you are appea	aling?						
	Offence type	Section	n and Act	Max. penalty	Criminal Record Number			
	If you have other charges, include them on another page.							
	If you are facing a maximum penalty of less than 6 months in prison or are applying for parole, tick what applies to you.							
	I have previous convictions.	The pr	oceedings invol	lve a substanti	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	Other of the grade	reason aid shοι nted.	ıld				
	state my own case.	If you have ticked a statement above, provide comment on why aid should be granted.						
			I be granted.					
			l be granted.					
			l be granted.					
			l be granted.					

Parole only											
28	What are the parole proceedings about?										
		Postponement order		Extended supervision	order						
		Recall		Release (section 21)							
		Non-release order		Other – section of the	Act						
Арр	eals	only									
29	What	t are you appealing?									
		Conviction		Pre-trial ruling							
		Sentence		Parole Board matter							
		Conviction and sentence		Other							
30	What	t are the grounds for the appeal, a	nd why should le	anal aid he granted?							
		tare the grounds for the appeal, a	ina mily onouna io	ygar ara bo gramou i							
Cou	ırt de	tails									
31	Whe	re will your case be heard?									
	Loca	tion (town, city)	Court type (eg Dist	trict Court) Type of hearing	(eg case review)						
32	Who	do you want as your lawyer?									
	Complete this question and check the boxes that apply if you:										
	had a grant of criminal legal aid within the last 2 years and want the same lawyer										
	are applying for appeal proceedings										
		are facing charges that have a	maximum sentence	e of more than 10 years in	prison						
	 are facing charges that have a maximum sentence of 2 – 10 years in prison, a duty lawyer helped you apply for bail that was opposed and you want them to be your lawyer 										
	were advised by a PDLA lawyer.										
Lawye	rs nan	ne			Lo	don't know					

Applicant confirmations

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
- » 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
- » 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 duty lawyer or other representative has completed this application, complete the undertaking at 33.

33

I on confirm that:

Name of duty lawyer or representative

Relationship to applicant (e.g. duty lawyer)

Date

- The applicant has consented to me completing and submitting this form on their behalf; though I am not
 doing so as agent for the applicant, nor do I provide any undertakings.
- I have read the 'Applicant Confirmations' above to the applicant.
- This form is a correct record of the information provided to me by the applicant today.

Please check boxes that apply

If the applicant has completed this application, complete the undertaking at 34.

34

Name of applicant

on

confirm that:

- I have read and agree and acknowledge the 'Applicant Confirmations' above.
- The information I have given in this form is true, not misleading and completed to the best of my knowledge.

Please check boxes that apply

More information

If you have any questions call 0800 2 LEGAL AID (253 425) or go to: http://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