

Application for **Family or civil 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	Miss	Ms	Mrs	Mr
2	Full name				
3	Have you ever used another lf yes – list your other names u			Yes	No
4	Date of birth dd	/ mm / yyyy			
5	Your current address		6	Your postal add	
			_		
7	Mobile phone		8	Home phone	
9	Work phone		10	Other contact phone	
				Whose number is this?	
11	Email				
L	iving arrangements				
12	Do you have a partner who If yes – partner's full name:	lives with you?		Yes	No
13	How many children do you	have under 18 years o	ld?	How man	y of those are living with you?

Income

The income you and/or your partner receive:

Note that the following payments are excluded when we are assessing your income: the 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 15 and 16				
Other				
Pension or benefit:				
1. Jobseeker support				
2. Sole parent benefit				
3. Supported Living Payment				
4. NZ Superannuation				
5. Student Allowance				
6. Other – please tell us what it is				
What is your WINZ number?				
Complete this section if you have an interest in	a Trust:			
Does the Trust owe money to you	and/or your partner?	Yes	No	
		How much? \$		
When will you receive this money?	? dd / mm	/ уууу	Don't know	
17 If you don't receive an income, ho	w are you financially	supported?		

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Other

Do you and/or your partner own ohome or land and/or property?	or have an interest in	n a	Yes	No		
Property address						
Legal owner of property						
Estimated value \$						
Mortgage balance \$						
Is it in a Trust?			Yes	No		
Is it registered under the Joint Fa	imily Homes Act?		Yes	No		
ls it on/or Māori land?			Yes	No		
What is your share of ownership	of it? (eg 50%)					
Is it in dispute?			Yes	No		
If you and/or your partner have more	than one property pleas	se provide thi	is informat	ion as above on ano	her page.	
Do you and/or your partner have investments?	any money or		Yes	No		
	You \$			Partner \$	Is it in	dispute?
Cash, savings and term deposits					Yes	No
Shares and bonds					Yes	No
Retirement funds (not Kiwisaver)					Yes	No
Other – including money owed to you					Yes	No
Do you and/or your partner have resale value of \$3,500 or more?			Yes	No		
Description		Valu	e \$	Amount owing (for vehicles only	Is it in	dispute?
					Yes	No
					Yes	No
					Yes	No
					Yes	No
Do you and/or your partner have If yes – what is the balance owing?	any debts?		Yes	No		
· ·	You \$			Partner \$	Is it in	dispute?
Bank overdraft or personal debt credit cards					Yes	No
Fines, tax, student loan					Yes	No
Hire purchase					Yes	No
·					163	110

No

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

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Please attach the following:

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

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

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.

Applicant confirmation

By signing this application form, you agree that:

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.

Personal information about you will be collected and/or disclosed 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.

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 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.

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 have no insurance or indemnification available to cover some or all of your legal costs.

Signature of applicant/representative			Date	dd / mi	m / yyyy
9	Click View→ Fill & Sign → F	Place Signature			
Representative name					
Relationship to applicant					
Get more information					
If you need help filling in this form, ple website http://www2.justice.govt.nz/fin	ase contact your lawyer. If you d d-a-legal-aid-lawyer/	lon't have a lawyer, you can	search the	'Find a law	yer' tool on our
Information about the application proc	,	be found at: www.justice.go	vt.nz/apply	-for-family-	or-civil-legal-aid
To loom how to sign a DDE docum	ont so to: https://bolov.odobo.com	a/raadar/usina/airus ndfa html			
☐ To learn how to sign a PDF docum	ent, go to: nttps://neipx.adobe.con	n/reader/using/sign-pars.ntmi			
Lawyer's details	To be completed by your lawy	ver .			
LA Provider number					
Full lawyer name					
Name of instructing solicitor (if required)					
Proceedings					
rioceedings					
28 What date were instruction	s first received?	dd / mm / yy	/VV		
Have any of the matters su tribunal or any other mean	bject to the application been s?	n disposed of in court,	Y	es	No
If yes – what was the date of f	inal disposition?	dd / mm / yy	УУУ		
Give reasons for any delay	in submitting this applicati	on:			

If this is a mental health application, is it application for repeat instructions? Yes No If Yes – date of last review dd / mm / yyyy Tell us why legal aid should be granted	What is the proposed proceeding(s) inclu	uding court/tribunal and location?		
If Yes – date of last review dd / mm / yyyy				
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If Yes – date of last review dd / mm / yyyy	If this is a mental health application, is it	application for repeat instructions?	Yes	No
	, , , , , , , , , , , , , , , , , , ,			
Tell us why legal aid should be granted		If Yes – date of last review	dd / mm	/ уууу
	Tell us why legal aid should be granted			
	ich us why legal ald should be granted			

	Civil legal aid only						
34	Have there been any negot	ation or settlement offers in this	matter?	Yes	No		
	If yes – provide details:						
35	Is the applicant concerned	in a representative, fiduciary or	official capacity of	only? Yes	No		
		d order costs be paid out of the estat		Yes	No		
36		who have an interest in this mat	ter?	Yes	No		
	If yes, would any person benef	cially interested suffer hardship?		Yes	No		
Cos	t of work not covered by a	ny fixed fee schedules or prod	ceedings steps				
				- 			
37	Please state all values excl	unding sought that is not covere usive of GST.	ed by fixed fee sc	hedules or proce	edings steps.		
	Proceedings type (eg summa	ry, judgment, harassment)	Steps/stage	Hours sought	Total (excl GS	T)	
	Other (eg interlocutory applicat	ion)	Steps/stage	Hours sought	Total (excl GS	ST)	
	Disbursements		Steps/stage	Hours sought	Total (excl GS	ST)	
		Total					
				Total (GST)	\$		
	Grand Total incl GST				\$		

Lawyer's confirmation

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 (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 applicant's 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 Commissioner from proceeds of proceedings (where I am aware).

I have advised the applicant:

- » 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.
- » if the applicant appeared via audio visual link (AVL) they consent to me signing the form on their behalf.

Signature of lawyer/representative	Date	dd / mm / yyyy

Click: View→ Fill & Sign → Place Signature

🔁 To learn how to sign a PDF document, go to: https://helpx.adobe.com/reader/using/sign-pdfs.html

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:

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

Or post it to:

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

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