

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 list your other names u			Yes	No
4	Date of birth do	d / mm / уууу			
5	Your current address		6	Your postal addr (if different from cu	
7	Mobile phone		8	Home phone	
9	Work phone		10	Other contact phone Whose number	
11	Email			is this?	
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 many	of those are living with you?

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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.

	V	Deuter A	(hafava ()	Frequency
	You ^{```} (before tax)	Partner \$	(before tax)	(eg weekly/monthly/ani
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?				
te this section if you have an interest in a Trus	st:			
Does the Trust owe money to you and/o	r your partner?	Yes	No	
	Hov	v much? \$		
When will you receive this money?	dd / mm / yy	/уу	Don't know	
If you don't receive an income, how are				

Assets and debts	
Assels and debis	
	l

Do you and/or your partner o home or land and/or property	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 Family Homes Act?	Yes	No
Is 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 please provide this information as above on another page.

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

	You \$	Partner \$	ls it ir	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

Yes

Yes

No

No

No

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

Description	Value \$	Amount owing ` (for vehicles only)	ls it	in dispute?
			Yes	No

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Do you and/or your partner have any debts?

Yes



	Other financial information	
	Are there any other reasons why you ca	an't pay for your own lawyer?
		(other than legal aid) or entered into any private fee arrangement for blease provide name, work completed and total paid to the lawyer.
Do	ocuments to be attached to this appl	lication
	Please attach the following:	
	Proof of your income (eg payslip, bank business set of latest accounts).	k statements, WINZ benefit, income tax statements, Working for Families/or for a
		payslip, bank statements, WINZ benefit, income tax statements, Working for Families/
	or for a business set of latest accounts).	
	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.

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 2020.

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. 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.

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:

- » 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 / mm / yyy	У
	Click View -> Fill & Sign -> Place Signature			
Representative name				
Relationship to applicant				

Get more information

If you need help filling in this form, please contact your lawyer. If you don't have a lawyer, you can search the 'Find a lawyer' tool on our website http://www2.justice.govt.nz/find-a-legal-aid-lawyer/

Information about the application process and any grant approved can be found at: www.justice.govt.nz/apply-for-family-or-civil-legal-aid

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

₋awyer's details	To be completed by your lawy	/er		
A Provider number				
ull lawyer name				
ame of instructing olicitor (if required)				
Proceedings				
/hat date were instruction	s first received?	dd / mm / yyyy		
		n disposed of in court,	Yes	No
yes – what was the date of fir	al disposition?	dd / mm / yyyy		
ive reasons for any delay	in submitting this applicati	on:		
	A Provider number ull lawyer name ame of instructing plicitor (if required) Proceedings that date were instructions ave any of the matters sub ibunal or any other means yes – what was the date of fir	A Provider number ull lawyer name ame of instructing policitor (if required) Proceedings that date were instructions first received? ave any of the matters subject to the application bee ibunal or any other means? yes – what was the date of final disposition?	A Provider number A Provider number ull lawyer name ame of instructing blicitor (if required) Proceedings what date were instructions first received? dd / mm / yyyy ave any of the matters subject to the application been disposed of in court, sibunal or any other means?	A Provider number ull lawyer name ame of instructing Dicitor (if required) Proceedings that date were instructions first received? dd / mm / yyyy ave any of the matters subject to the application been disposed of in court, Yes yes – what was the date of final disposition? dd / mm / yyyy

31	What is the proposed proceeding(s) including court/tribunal and location?		
32	If this is a mental health application, is it application for repeat instructions?	Yes	No
	If Yes – date of last review		
_		uu / mm	уууу
33	Tell us why legal aid should be granted		

Civil legal aid only

34	Have there been any negotiation or settlement offers in this matter?	Yes	No
	If yes – provide details:		
35	Is the applicant concerned in a representative, fiduciary or official capacity only?	Yes	No
	If yes, is it likely the court would order costs be paid out of the estate or fund?	Yes	No
36	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

Cost of work not covered by any fixed fee schedules or proceedings steps

37 Complete these tables for funding sought that is not covered by fixed fee schedules or proceedings steps. Please state all values exclusive of GST.

Proceedings type (eg summary, judgment, harassment)	Steps/stage	Hours sought	Total (excl GST)
Other (eg interlocutory application)	Steps/stage	Hours sought	Total (excl GST)
Disbursements	Steps/stage	Hours sought	Total (excl GST)
Disprisements	Steps/stage	nours sought	Total (excl GST)
		Total	\$
		\$	
	Gra	\$	

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 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	ent, go to: https://helpx.adobe.com/reader/using/sign-pdfs.ht	ml	

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



PRINT

