

# APPLICATION FOR LEGAL ASSISTANCE

**Step 1 – Complete this form**



Please write legibly using a pen. Remember to sign and date the form.

**Step 2 – Attach your documents**



As you complete the form you will be told which documents to attach. There is also a checklist at the back of the form.

**Step 3 – Lodge your form**



**In person at:** Ground Floor, 2 Allsop Street, Canberra  
(we are open between 8.30 am and 5 pm)



**By post to:** Legal Aid ACT, GPO Box 512, Canberra City 2601



**By email to:** [client.services@legalaidact.org.au](mailto:client.services@legalaidact.org.au)



**By fax to:** 6243 3435

**Need help or more information?**



Call **6243 3411** if you need help filling out this form.

For more information, please read the fact sheet 'Applying for Legal Assistance' available from [www.legalaidact.org.au](http://www.legalaidact.org.au)

**1. Do you have a court date?**

No

Yes  ▶ Give details  
(if known)

Date

Time

**2. Have you applied for legal aid before?**

No

Yes  ▶ Year you applied

What type of case was it? (e.g. criminal, family, other)

**3. Is English your first language?**

No  ▶ What is your first language and dialect?

Yes

**4. Do you need an interpreter?**

No  Yes

**5. Your name** (person requiring legal assistance)

Mr  Mrs  Ms  Miss  Other

Given name

Middle name(s)

Family name

**6. Have you ever used or been known by other names?**

No

Yes  ▶ Give details

e.g. maiden name, previous married name, alias, name at birth

Other name

Type of name  
(e.g. name at birth)

*If you have more than one other name, attach a separate sheet with details*

7. Date of birth and gender  /  Male  Female  Other

8. Are you: Aboriginal   
Torres Strait Islander   
Aboriginal and Torres Strait Islander   
None of the above

9. Country of birth

10. Living arrangements Single  Separated  Other   
Married  Divorced   
De facto  Widowed

11. Do you have any special circumstances? e.g. disability, health issues, literacy problems  
No   
Yes  What type?  
Intellectual  Psychological/psychiatric  Sensory (including speech)   
Physical  Long standing ill health  Literacy problems   
Unable to work  Can't access assets or money   
Other  Give details

12. Are you in prison or detained? No   
Yes  Where? Alexander Maconochie Centre   
Symonston Correctional Centre  Go to question 18  
Bimberi Youth Justice Centre   
Other  Give details   
Go to question 18

13. Are you homeless? No   
Yes  Go to Question 15

14. Home address   
  
Postcode

15. Address where we can contact you e.g. half-way house, friend's house  
If same as home address, write 'AS ABOVE'  
  
Postcode

16. Phone numbers Home  Work   
Mobile  Can we contact you by SMS? No  Yes

17. Email addresses Home   
Work   
Can we contact you by email? No  Yes, home email  Yes, work email

18. Do you have any dependent children / step-children?

No

Yes  ► Give details — If you have more than 3 dependent children or step-children, attach a separate sheet with the extra details

**Child 1**

Child's given name

Family name

Date of birth

 /  / 

Relationship to you, e.g. son, step-daughter

Does this child live with you?

No  Yes, full-time  Yes, part-time

Is this child involved in this legal matter?

No  Yes

**Child 2**

Child's given name

Family name

Date of birth

 /  / 

Relationship to you, e.g. son, step-daughter

Does this child live with you?

No  Yes, full-time  Yes, part-time

Is this child involved in this legal matter?

No  Yes

**Child 3**

Child's given name

Family name

Date of birth

 /  / 

Relationship to you, e.g. son, step-daughter

Does this child live with you?

No  Yes, full-time  Yes, part-time

Is this child involved in this legal matter?

No  Yes

## Financial details

19. Read this before answering any more questions

For LegalAid ACT purposes, a **financially associated person** is someone:

- you **usually** receive financial support from; or
- you **usually** provide financial support to; or
- who could be reasonably expected to financially assist you in obtaining legal services.

A financially associated person may include a relative, partner, spouse, child, trust, corporation, group etc.

20. Are you financially associated with any person(s) other than your dependent children/step-children (if applicable)?  
e.g. partner, mother

No

Yes  ► Give details of the other financially associated person(s).  
If more than one, attach a separate sheet with the extra details

Their given name

Family name

Relationship to you,  
e.g. mother

## INCOME

21. Are you currently employed, a small business owner or a farmer?

No  ► When did you last work?

Yes  ► What type of work do you do?



Attach a copy of your last tax return if you are self employed

22. If you have a partner or spouse are they employed?

No  Yes

**You**

**Financially associated person**

23. Do you or a financially associated person get a pension or benefit from Centrelink or the Department of Veterans' Affairs?

No

Yes  ► Weekly income before tax  
 \$  per week

► Which payment(s)

Disability Support Pension

Mature Age Allowance/  
pension benefit

Newstart Allowance

Parenting Payment (partnered)

Parenting Payment (single)

Sickness Allowance

Special Benefit

Veterans and War Services

Widow Allowance

Youth Allowance

Other – give details

► Centrelink Reference Number (CRN)  
or DVA reference number

No

Yes  ► Weekly income before tax  
 \$  per week

► Which payment(s)

Disability Support Pension

Mature Age Allowance/  
pension benefit

Newstart Allowance

Parenting Payment (partnered)

Parenting Payment (single)

Sickness Allowance

Special Benefit

Veterans and War Services

Widow Allowance

Youth Allowance

Other – give details


24. Do you or a financially associated person have a Health Care Card or Pensioner Concession Card?

No

Yes  ► Give details

Card number

Expiry date


 Attach a copy of the card

No

Yes  ► Give details

Card number

Expiry date

 Attach a copy of the card

25. Do you or a financially associated person get any other income or benefits such as:

- rental assistance
- child/spouse support
- an allowance
- commission
- interest
- board
- overtime
- superannuation
- trust income
- worker's compensation?

No

Yes  ► Give details

Type
Amount \$ <input type="text"/> per week
Type
Amount \$ <input type="text"/> per week
Type
Amount \$ <input type="text"/> per week


No

Yes  ► Give details


Type
Amount \$ <input type="text"/> per week
Type
Amount \$ <input type="text"/> per week
Type
Amount \$ <input type="text"/> per week

26. Total weekly gross income (before tax)

\$  per week

 Attach a copy of a recent pay slip  
(if employed) or other proof of income

\$  per week

 Attach a copy of a recent pay slip  
(if employed) or other proof of income

**EXPENSES**

**You**

**Financially associated person**

27. What housing payments do you or a financially associated person make each week?

Rent \$  per week

Mortgage \$  per week

Board \$  per week

None – give reasons

Rent \$  per week

Mortgage \$  per week

Board \$  per week

None – give reasons

28. How much child support do you or a financially associated person pay each week?

\$  per week

Number of children

\$  per week

Number of children

29. How much do you or a financially associated person pay each week for:

Child care fees \$  per week

Spouse maintenance \$  per week

Child care fees \$  per week

Spouse maintenance \$  per week

**ASSETS**

30. Do you, or a financially associated person:

a) own or pay off the home you live in?

No

Yes  ► What is the market value of the home?

\$

How much is owed on the home?

\$

What share of the home is yours (e.g. 50%)?

%

What year did you buy the home?

How long have you lived there?

b) own or pay off any other real estate either in Australia or overseas?

No

Yes  ► What is the market value of the real estate?

\$

How much is owed on the real estate?

\$

What share of the real estate is yours?

%

Address of the real estate

Postcode

c) own or pay off any motor vehicles?

No

Yes  ► How many?

What is the total market value of the vehicles?

\$

How much is owed on the vehicles?

\$

What share of the vehicles is yours?

%

d) have any accounts at a bank, building society or credit union in Australia or overseas?

No

Yes

▶ Give details of all accounts.

*If more than 2, attach a separate sheet with the extra details*



Attach records or statements showing amounts in any bank, building society or credit union accounts owned solely or jointly by you, or by a financially associated person, for the past 3 months.

1. Name of bank, building society or credit union   
 Account number (this may not be your card number)   
 Account balance \$   
 What share of the account is yours?  %

2. Name of bank, building society or credit union   
 Account number (this may not be your card number)   
 Account balance \$   
 What share of the account is yours?  %

e) have any cash in Australia or overseas?

No

Yes

▶ Total cash

\$

What share of the cash is yours?

%

	You	Financially associated person
<p>31. Do you or a financially associated person own anything of value either in Australia or overseas?                      e.g. shares, bonds, boats, caravans, jewellery, insurance policies or superannuation accounts.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Give details, including the approximate value</p> <p>Details <input type="text"/></p> <p>Approx. value \$ <input type="text"/></p> <p>Details <input type="text"/></p> <p>Approx. value \$ <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Give details, including the approximate value</p> <p>Details <input type="text"/></p> <p>Approx. value \$ <input type="text"/></p> <p>Details <input type="text"/></p> <p>Approx. value \$ <input type="text"/></p>
<p>32. Does anyone owe you or a financially associated person any money?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ How much is owed?</p> <p>\$ <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ How much is owed?</p> <p>\$ <input type="text"/></p>
<p>33. During the past 12 months, have you or a financially associated person sold or given away any money or property to the value of \$500 or more in Australia or overseas?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Give details</p> <p>Details <input type="text"/></p> <p>Amount \$ <input type="text"/></p> <p>Details <input type="text"/></p> <p>Amount \$ <input type="text"/></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Give details</p> <p>Details <input type="text"/></p> <p>Amount \$ <input type="text"/></p> <p>Details <input type="text"/></p> <p>Amount \$ <input type="text"/></p>



**If NOT appealing**

42. Do you have to go to, or be represented at, a court or tribunal? No  ▶ Go to question 46  
Yes  ▶ Give details (if known) Date  /  /  Time

43. Which court or tribunal do you have to go to, or be represented at?  
Supreme Court  Children's Court   
Federal Magistrates Court  Court of Appeal   
Family Court  ACT Civil & Administrative Tribunal   
Magistrates Court  Not sure   
Other  ▶ Give details

44. Where is the court or tribunal? Town/City  State

45. What is your next court date for?  
Mention  Trial   
Committal  Not sure   
Other  ▶ Give details

46. Do you have a lawyer representing you? No   
Yes  ▶ Lawyer's name   
Law firm   
Phone   
Email   
Has this lawyer represented you before? No  Yes

47. Do you have a preference for a particular lawyer? No   
Yes, Legal Aid ACT lawyer   
Yes, other lawyer  ▶ Give details  
Lawyer's name   
Law firm   
Address   
 Postcode  
Phone   
Email   
Has this lawyer represented you before? No  Yes

- If you are applying for legal assistance in a:
- **Criminal** law matter – go to page 9
  - **Family** law matter – go to page 10
  - **Other** matter – go to page 12

## Criminal law matter

48. Have you been charged with an offence?

No

Yes  ▶ Give details of the charges (if you don't know, write 'NOT SURE')


49. Please name the alleged victim and other people charged, or involved, in the case (if known)

If more than 2, attach a separate sheet with the extra details

**Person 1**

Given name(s)

Family name

Date of birth

**Person 2**

Given name(s)

Family name

Date of birth

50. How do you want to plead?

Guilty

Not guilty

Not sure

51. Have you pleaded guilty in court to any of the charges listed at question 48?

No

Yes

52. If you are in custody, do you want to apply for bail?

No

Yes

Not sure  ▶ Give details


53. Do you have a criminal record (including matters where no conviction was recorded)?

No

Not sure

Yes  ▶ Give details

Year	Offence	Penalty
1		
2		
3		
4		
5		
6		

54. Are you on a bond?

No

Yes

55. Are you on parole?

No

Yes

▶ Go to page 13

## Family law matter

56. Are you applying for assistance to respond to a court application?

No  Yes

57. What family law matter do you want legal aid for?

- Who child lives with
- Who child spends time with
- Divorce
- Spousal maintenance
- Locate or recover a child
- Child raising arrangements (e.g. schooling, health, religion)
- Enforce a court order
- Child support, maintenance or paternity
- Child protection
- Domestic or family violence  ▶
- Applying for a protection order
- Responding to a protection order application
- Change of Family Court orders due to violence
- Property settlement  ▶
- The home you live in
- Other real estate
- Savings
- Superannuation
- Motor vehicle(s)
- Recreation vehicles(s) (e.g. boat)
- Shares
- Other – give details
- 
- 
- None of the above  ▶ Give details
- 
- 

58. If children are involved in the family law matter, what is your relationship to the children

Parent

Grandparent

Other

59. Are there existing court orders in relation to this dispute?

No

Yes  ▶

 Attach a copy of the court orders

60. Is there an allegation of sexual abuse?

No  Yes

61. Is someone alleging a risk to the safety or welfare of children?

No  Yes

62. Is there a history of domestic violence between you and the person you are in dispute with?

No  Yes

**63. Give details of the other person involved in the dispute**

Given name

Middle name(s)

Family name

Address   
  
 Postcode

Date of birth

Phone numbers  
 Home   
 Work   
 Mobile

Email

Relationship to you (e.g. partner)

**64. Were you married to, or in a de facto relationship with, the person you are in dispute with?**

No

Yes, married  ▶ Date of marriage   
 Date of separation   
 Date of divorce

Yes, de facto  ▶ Date relationship started   
 Date of separation

**65. Does the person you are in dispute with have a lawyer?**

Not sure

No

Yes  ▶ Lawyer's name   
 Law firm   
 Phone   
 Email

**66. Have you been to counselling, mediation or dispute resolution with the person you are in dispute with?**

No

Yes  ▶  Attach a copy of the family dispute resolution certificate

**67. Are you the primary care giver to the children involved in the matter?**

No  Yes

**68. Have any of the children involved in the matter already been removed, or is there a risk they may be removed?**

No  Yes

▶ Go to page 13

## Other matter


69. What is the nature of your problem?

- Mental health
- Personal injury
- Inquest
- Debts/consumer law
- Workers' compensation
- Employment
- Veterans' Affairs entitlement
- Other  ► Give details


70. Do you have any court or tribunal documents relating to the matter?

No

Yes  ►

 Attach a copy of the court or tribunal documents

71. Give details of the other people involved

*If more than 2, attach a separate sheet with the extra details*

**Person 1**

Given name

Middle name(s)

Family name

Date of birth

**Person 2**

Given name

Middle name(s)

Family name

Date of birth

72. Is the matter concerned with a specific incident or accident?

Not sure

No

Yes  ►

Date of incident or accident

73. Is the matter concerned with a monetary claim or loss?

No  ► Go to page 13

Yes

74. What is the estimated amount of the claim or loss?

\$

Not sure

75. Are you insured against any part of the claim or loss?

No

Yes  ► Give details


## Other information

### 76. Briefly explain your legal problem

Include any additional information that you want us to take into account


## Authorisation and checklist

### 77. Are you completing this application on behalf of someone else?

No

Yes  ► What authority do you have to complete this application for someone else?

Parent

Guardian

Power of attorney

Other  ► Give details

### 78. Do you authorise anyone else to be given access to information concerning this application upon their request?

No

Yes  ► Give details

Their given name

Family name

Address



Postcode

### 79. Document checklist

	You	Financially associated person
A copy of your <b>last tax return</b> <i>(if you answered Yes and you are self employed – question 21)</i>	<input type="checkbox"/>	
A copy of your <b>Health Care Card or Pensioner Concession Card</b> <i>(if you answered Yes to question 24)</i>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of a <b>recent pay slip or other proof of income</b> <i>(see question 26)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Records or statements</b> showing amounts in any bank, building society or credit union accounts owned solely or jointly by you, or a financially associated person, for the past 3 months <i>(if you answered Yes to question 30d)</i>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the <b>existing court orders</b> <i>(if you answered Yes to question 59)</i>	<input type="checkbox"/>	
A copy of the <b>family dispute resolution certificate</b> <i>(if you answered Yes to question 66)</i>	<input type="checkbox"/>	
A copy of the <b>court or tribunal documents</b> <i>(if you answered Yes to question 70)</i>	<input type="checkbox"/>	

## Declaration

### 80. Applicant's declaration

I (Full name)

- declare that the information in this application is true and complete;
- acknowledge that it is an offence to provide information which is false or misleading, or to fail to provide relevant information with the intent to deceive or mislead;
- authorise my lawyer to give Legal Aid ACT any information relevant to this application or my case and to this extent I waive legal professional privilege;
- understand that the authorities I give in this application are effective only for period of my grant of legal assistance;

If I am receiving Centrelink payments I:

- authorise Centrelink to electronically provide to Legal Aid ACT a statement of information including current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address for the sole purpose of assisting in the assessment of my eligibility for a grant of legal assistance;
- understand this authority, once signed, is effective only for the period of my grant of legal assistance with Legal Aid ACT;
- understand this authority, which is ongoing, can be revoked at any time by giving notice to Legal Aid ACT;
- understand I can request a copy of Centrelink statements at any time from either Centrelink or Legal Aid ACT;

(A brochure is available from Centrelink with more details about the Centrelink confirmation eService or visit Centrelink's website [www.centrelink.gov.au](http://www.centrelink.gov.au))

If I am charged with a criminal offence I:

- authorise the Office of the Director of Public Prosecutions to give Legal Aid ACT information about the charges against me.

Applicant's,  
or authorised  
person's signature



/ /

### Privacy statement

The information provided on this form will be used to assess eligibility for legal aid; assist in organising legal representation; update personal details in our records; evaluate our services; and provide statistical information (without names) to the Commonwealth and ACT Governments. The information will not be given to any other person or agency unless you give us permission or we are required by law.

For more information about our privacy policy visit [www.legalaidact.org.au](http://www.legalaidact.org.au) or call us on **6243 3471**.

## Lawyer's certificate

### 81. Lawyer's certification

I (Full name)

of (Firm name)

(Address)

Postcode

(Telephone)

(Email)

**certify that:**

- the applicant or authorised person has consulted me and I am of the opinion that this application satisfies the reasonableness criteria in subsection 28(4) of the Legal Aid Act 1977, and is of a type for which assistance may be granted under the Legal Assistance Guidelines; and
- I have sighted all relevant documents referenced in this application.

Lawyer's  
signature



/ /