UPDATE OF FINANCIAL CIRCUMSTANCES



						-		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	
	Step 1 – Complete this form		Please write le	egibly using a	pen. Rememb	er 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:		or, 2 Allsop Stre n between 8.30				
			By post to:	Legal Aid A	CT, GPO Box 5	12, Canb	erra City 2601		
			By email to:	client.servic	es@legalaidac	t.org.au			
			By fax to:	6243 3423					
	Need help or more information?	*	Call 6243 3411	-					
			For more infor	mation please	e visit www.leg	alaidact.	org.au		
1.	Your name (person requiring legal assistance)	Mr [Mrs	Ms	Miss	Other			
		Given	name						
		Middle	name(s)						
		Family	name						
2.	Date of birth and gender		1 1		Male	Fer	male	Other	· 🗆
3.	Living arrangements		Sii	ngle 🗌		Separ	ated		Other
				rried			orced		
			De fa	acto []		Wido	owed		
4.	Home address								
							Postco	de	
5.	Address where we can contact you e.g. half-way house, friend's house		d.						
	If same as home address, write 'AS ABOVE'						Postco	de	
^	Diama manakana	-							
6.	Phone numbers	Home				Work		<u> </u>	
		Mobile				Can w	e contact you by S	MS?	No Yes
7.	Email addresses	Home							
		Work							
		Can w	e contact you b	y email? N	lo 🗌	Yes, h	nome email	Y	es, work email

009 (04/11) Page 1 of 6

8.	children / ston-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	Child 2 Child's given name Child's given name	Child 3			
	Family name	Family name Family name	Family name			
	Date of birth / /	Date of birth / / Date of birth / /				
	Relationship to you, e.g. son, step-daughter	Relationship to you, e.g. son, step-daughter Relationship to you, e.g. son, step-daughter	Relationship to you, e.g. son, step-daughter Does this child live with you?			
	Does this child live with you?					
	No Yes, full-time Yes, part-time	No Yes, full-time Yes, part-time No Yes, full-time Yes, part-time				
	Is this child involved in this legal matter? No Yes	Is this child involved in this legal matter? No Yes No Yes No Yes	7			
etionistic transition of						
	nancial details					
9. 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. 					
10.	with any person(s) other than your	No ☐ Yes ☐ ▶ Give details of the other financially associated person(s). If more than one, attach a separate sheet with the extra details				
	e.g. partner, mother	Their given name				
		Family name				
		Relationship to you, e.g. mother				
	INCOME					
11.	Are you currently employed, a small business owner or a farmer?	No				
	,	Yes				
		Attach a copy of your last tax return if you are self employed				
12.	If you have a partner or spouse are they employed?	No Yes	-			

		You	Financially associated person			
13.	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	No ☐ Yes ☐ ▶ Weekly income before tax \$ per week			
		Which payment(s)	Which payment(s)			
		Disability Support Pension	Disability Support Pension			
		Mature Age Allowance/ pension benefit	Mature Age Allowance/ pension benefit			
		Newstart Allowance	Newstart Allowance			
		Parenting Payment (partnered)	Parenting Payment (partnered)			
		Parenting Payment (single)	Parenting Payment (single)			
		Sickness Allowance	Sickness Allowance			
		Special Benefit	Special Benefit			
		Veterans and War Services	Veterans and War Services			
	<u>.</u>	Widow Allowance	Widow Allowance			
		Youth Allowance	Youth Allowance			
		Other – give details	Other – give details			
		Centrelink Reference Number (CRN) or DVA reference number				
14.	Do you or a financially associated person have a Health Care Card or Pensioner Concession Card?	No ☐ Yes ☐ ▶ Give details Card number	No ☐ Yes ☐ ▶ Give details Card number			
		Expiry date	Expiry date			
		Attach a copy of the card	Attach a copy of the card			
15.	Do you or a financially associated person get any other income or benefits such as:	No ☐ Yes ☐ ▶ Give details	No ☐ Yes ☐ ▶ Give details			
	rental assistancechild/spouse support	Туре	Туре			
	an allowance	Amount \$ per week	Amount \$ per week			
	commissioninterest	Туре	Туре			
	• board	Amount \$ per week	Amount \$ per week			
	overtimesuperannuation	Туре	Туре			
	trust income					
	worker's compensation?	Amount \$ per week	Amount \$ per week			
16.	Total weekly gross income (before tax)	\$ per week	\$ per week			
		Attach a copy of a recent pay slip (if employed) or other proof of income	Attach a copy of a recent pay slip (if employed) or other proof of income			

	EXPENSES	You		Financially associated person			
17.	What housing payments do	Rent	\$ per week	Rent	\$ per week		
	you or a financially associated person make each week?	Mortgage	\$ per week	Mortgage	\$ per week		
		Board	\$ per week	Board	\$ per week	Ē	
		None – give reasons		None – give reasons		_	
18.	How much child support do		\$ per week		\$ per week		
	you or a financially associated person pay each week?	Number of	children	Number of	children		
19.	How much do you or a financially associated person pay each week for:	Child care fees	\$ per week	Child care fees	\$ per week		
	associated person pay each week for.	Spouse maintenance	\$ per week	Spouse maintenance	\$ per week		
-	ASSETS						
20.	Do you, or a financially associated person:						
	a) own or pay off the home you live in?	No ☐ Yes ☐ ▶ What is the	e market value of the home?	\$			
		How much	is owed on the home?	\$			
		What share	e of the home is yours (e.g. 50)%)?	%		
		What year did you buy the home?					
		How long h	nave you lived there?				
	b) own or pay off any other real	No					
	estate either in Australia or overseas?	Yes What is the	e market value of the real esta	te? \$			
		How much	is owed on the real estate?	\$			
		What share	e of the real estate is yours?		%		
		Address of	the real estate			_	
				Pe	ostcode		
	c) own or pay off any motor vehicles?	No 🗌					
	venioles :	Yes How many					
			e total market value of the veh				
		How much	is owed on the vehicles?	\$			
		What share	e of the vehicles is yours?		%		

	d) have any accounts at a bank, building society or credit union in Australia or overseas?	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 your	\$ rs? %				
		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 your	\$ rs? %				
	e) have any cash in Australia or overseas?	No ☐ Yes ☐ ▶ Total cash What share of the cash is yours?	\$ %				
21.	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.	You No	Financially associated person No Yes				
22.	Does anyone owe you or a financially associated person any money?	No ☐ Yes ☐ ▶ How much is owed? \$	No ☐ Yes ☐ ▶ How much is owed? \$				
23.	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?	No ☐ Yes ☐ ▶ Give details Details Amount \$	No ☐ Yes ☐ ▶ Give details Details Amount \$				
24.	During the past 12 months, have you or a financially associated person received any money or property to the value of \$500 or more in Australia or overseas?	No ☐ Yes ☐ ▶ Give details Details Amount \$ No ☐ Yes ☐ ▶ Give details Details Amount \$					
25.	During the next 12 months, are you or a financially associated person likely to receive any lump sum amount of money in Australia or overseas?	No ☐ Yes ☐ ▶ Give details Details Amount \$	No ☐ Yes ☐ ▶ Give details Details Amount \$				

26.	Has any person or group offered to pay, or are they able to pay, any of your legal fees for this case?	No ☐ Yes ☐ ▶ Give detai	ls				
27.	Document checklist			You	Financially associated person		
		(if you answere	A copy of your last tax return ed Yes and you are self employed – question 11)				
		A copy of your	Health Care Card or Pensioner Concession Card (if you answered Yes to question 14)				
		A co	opy of a recent pay slip or other proof of income (see question 16)				
		society or cre	tatements showing amounts in any bank, building edit union accounts owned solely or jointly by you hancially associated person, for the past 3 months (if you answered Yes to question 20d)	, S			
De	eclaration						
28.	Applicant's declaration	I (Full name)					
		 acknowledge that fail to provide rele authorise my law case and to this e understand that the grant of legal ass If I am receiving Ce 	nformation in this application is true and com t it is an offence to provide information which evant information with the intent to deceive of yer to give Legal Aid ACT any information releaxtent I waive legal professional privilege; the authorities I give in this application are efforts sistance; entrelink payments I:	is false r mislea levant to fective o	d; this application or my nly for period of my		
	· ·	including current deductions, incor assisting in the a	or historical details of payments received, de me, assets and confirmation of my current an ssessment of my eligibility for a grant of lega authority, once signed, is effective only for the	ependan Idress fo I assista	ts, Centrelink or the sole purpose of nce;		
		assistance with L • understand this a Legal Aid ACT;		t any tim	ne by giving notice to		
			lable from Centrelink with more details about	the Cer	ntrelink confirmation		
		 eService or visit Centrelink's website 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	∠ n		1 1		
	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.					