

SCHEDULE

APPLICATION FOR LEGAL AID

(Reg. 2)

PLEASE READ AND COMPLETE ALL ITEMS

All questions must be completed. "N/A", "NIL" should be used.

| | | | | | | | |
|----------------------|---|---|-----------------------------|------------------------------|------------------------------|---------------------------------|------------|
| 1. | FULL NAME | Surname | | | | | |
| | | <input type="checkbox"/> MR | | <input type="checkbox"/> MRS | | | |
| | | <input type="checkbox"/> MISS | | <input type="checkbox"/> MS | | | |
| | | Forenames | | | | Sex | |
| | | <input type="text"/> | | | | <input type="checkbox"/> Male | |
| | | <input type="text"/> | | | | <input type="checkbox"/> Female | |
| 2. | ADDRESS | <input type="text"/> | | | | | |
| 3. | DATE OF BIRTH | Day | Month | Year | Telephone Number | | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | Home |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | Work..... |
| 4. | CLIENT CATEGORY | Non-Citizen | | - | Citizen | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | Year of arrival in Solomon Islands | | | | | |
| <input type="text"/> | | | | | | | |
| 5. | PENSION OR NPF OR OTHER OTHER [sic] BENEFITS RECEIVED | <input type="checkbox"/> Pension | | | | | |
| | | <input type="checkbox"/> NPF | | | | | |
| | | <input type="checkbox"/> Other – Specify | | | | | |
| 6. | MATTERS IN WHICH LEGAL AID IS SOUGHT | Give full details of matter in which assistance is sought, including basis of your claim or defence. If proceedings have already commenced, state what state they have reached. If the hearing date has been set down, please state the date. Name and address of other party to proceedings: | | | | | |
| | | Hearing Date: | | | | | |
| | | Details..... | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. | COUNTRY OF BIRTH. | <input type="text"/> | | | | | |
| 8. | EMPLOYMENT | Usual Occupation | | | | | |
| | | If now employed, name and address of employer | | | | | |
| <input type="text"/> | | | | | | | |

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|-----|--|---|----------|---------------------------|-----------------------|
| | | How long in this job | | | |
| | | If unemployed state for what period | | | |
| | | | | | |
| 9. | MARITAL STATUS | <input type="checkbox"/> | Married | <input type="checkbox"/> | <i>De facto</i> |
| | | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Married but separated |
| | | <input type="checkbox"/> | Widowed | <input type="checkbox"/> | Other |
| 10. | DEPENDANTS OF APPLICANTS – including spouse or <i>de facto</i> partner | Name | Age | Relationship to Applicant | With whom residing |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11. | PREVIOUS LEGAL ASSISTANCE | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | If yes, state approximate date | | | |
| | | | | | |
| | | Name of Solicitor | | | |
| | | | | | |
| 12. | TRUST PROPERTY | Is there any property in your possession or controlled by you on behalf of any other person OR is there any property NOT in your possession but held by any other person or company for your benefit or for the benefit of any member of your family? | | | |
| | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | If yes, give brief details | | | |
| | | | | | |
| | | | | | |
| 13. | DISPOSED | In the last twelve months, have you sold or given away property or money of greater value than \$200? | | | |
| | | If yes, give brief details | | | |
| | | | | | |
| | | | | | |

FINANCIAL PARTICULARS

| 14. | WEEKLY INCOME | APPLICANT | SPOUSE/ <i>DE FACTO</i> WITH WHOM YOU ARE LIVING | TOTAL |
|-----|--|-----------|--|-------|
| | Gross weekly wage (including overtime) | | | |
| | Less Income Tax | | | |
| | Net Weekly Wage | | | |
| | IF SELF-EMPLOYED – Earnings from self employed | | | |

| | | | |
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| or partnership or private company, average pre-tax, for last twelve months. | | | |
| Pension or NPF or Other Benefits. | | | |
| Compensation payments | | | |
| Maintenance received | | | |
| Royalty payments | | | |
| Rent received | | | |
| Allowances and commissions | | | |
| Income from bank or other Investment (estimate weekly average) | | | |
| Other (give details) | | | |
| TOTAL WEEKLY INCOME | | | |

| | WEEKLY EXPENSES | APPLICANT | SPOUSE <i>DE FACTO</i> WITH WHOM YOU ARE LIVING | TOTAL |
|-----|---|-----------|---|-------|
| 15. | Housing | | | |
| | Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> | | | |
| | Council Rates/Basic Rates | | | |
| | Insurance | | | |
| | Medical | | | |
| | Child care costs – necessary for the purpose of earnings income | | | |
| | Maintenance actually paid | | | |
| | Hire purchase or loan payments (for household goods or tools of trade etc.) | | | |
| | Itempaid to | | | |
| | Itempaid to | | | |
| | Itempaid to | | | |
| | Other expenses (excluding food, electricity, gas, petrol, school fees and general living expenses.) | | | |
| | TOTAL WEEKLY EXPENSES | | | |

| | | | | |
|-----|--|--|--|--|
| 16. | ASSETS | | | |
| | If you own or are purchasing the house in which you live, state its current market value | | | |
| | Amount owing on mortgage | | | |
| | Value of Equity i.e. market value less mortgage | | | |

| | | | |
|---|--|--|--|
| State in whose name/s the house is registered | | | |
| Current market value of any other house on land | | | |
| Amount owing on mortgage | | | |
| Value of Equity i.e. market value less mortgage | | | |
| Market Value of vehicle/s | | | |
| Year Make/Model | | | |
| Year Make/Model | | | |
| Cash in hand | | | |
| Money in banks, credit unions etc. | | | |
| Other investments including shares and debentures and bonds | | | |
| Money owing to you | | | |
| Value of interest in partnership/or business/ company | | | |
| Other assets (give details) including personal goods of special value | | | |
| TOTAL ASSETS | | | |

| | | | | |
|-----|---|--|--|--|
| 17. | DEBTS (state only the balance now owing) | | | |
| | Hire purchase, store accounts bills of sale, personal loans | | | |
| | To | | | |
| | To | | | |
| | To | | | |
| | Rates or taxes owing | | | |
| | Other debts owing | | | |
| | To | | | |
| | To | | | |
| | TOTAL DEBTS | | | |

| | | | | |
|--|--------------------------------|---|-------------------------------|---------------------------|
| 18. | FAMILY LAW MATTERS ONLY | Date of Marriage | Place of Marriage | Date of Separation |
| | | Are you divorced? | If yes, state date of hearing | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | Previous or existing court proceedings (involving your spouse, children or matrimonial property). Have there been only proceedings to date? | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No. | |
| If yes, give details of any orders including interim orders. | | | | |

| | | | |
|---|--------------------------|-------------------------|-------------------|
| WHAT COURT ORDERS ARE YOU SEEKING? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Dissolution of Marriage | Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | Custody | Access |
| <input type="checkbox"/> | <input type="checkbox"/> | Property | Restraining order |
| IF SEEKING MAINTENANCE Advise if other party has address for service and is currently employed. | | | |
| IF SEEKING PROPERTY SETTLEMENT Advise full details of type and value of property in dispute | | | |
| IF SEEKING CUSTODY/ACCESS Give details of dispute as to custody/access | | | |

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| 19. | CRIMINAL OR TRAFFIC CHARGE MATTERS ONLY. | Is the matter:- | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | a bail application | Magistrate's Court hearing | A High Court/Court of Appeal hearing |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Breach of Court Order | Legal advice | |
| | | List all charges | | If jointly charged with any other person state any person's name:- | | |
| | | Do you have any previous convictions? If yes please state | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | |
| | | DATE | COURT | OFFENCE | PENALTY | |
| | | If insufficient space, please attach details. | | | | |
| | | 20. | CIVIL MATTERS (including Land, Contract, Tort, Accident, Employment or Constitution etc.) | Is the matter – | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | A Magistrate Court hearing |
| <input type="checkbox"/> | <input type="checkbox"/> | | | Drafting documents | Legal Advice | |

ACKNOWLEDGEMENT OF GENERAL CONDITIONS OF ASSISTANCE

1. I understand that: -

(a) If legal assistance is granted, it is subject to conditions of the Public Solicitor, and any other conditions of which my Solicitor may be advised.

(b) I shall immediately inform the Public Solicitor of any change in my financial or other circumstances and I understand that as a result of any change the Public Solicitor may vary the conditions of my assistance.

(c) If I do not comply with any of the conditions of my grant of assistance, the Public Solicitor may withdraw legal assistance.

(d) I may be required to pay an initial contribution towards my legal costs as determined by the Public Solicitor and subject to the recovery of money or property I may be required to pay a further contribution towards my legal costs and/or to refund all or part of the costs and outlays incurred on my behalf.

(e) If a Court orders me to pay the costs of any other party, I may be responsible for those costs.

(f) If I do not accept the advice of my Solicitor engaged to act for me, the Public Solicitor may cancel the grant of legal assistance.

(g) It is my responsibility to pay any legal costs I have incurred up to the date my legal assistance starts.

(h) If I wish to change my Solicitor, I must first obtain permission to do so from the Public Solicitor. If permission is granted, I may be required to pay any costs associated with the change of Solicitor.

2. I irrevocably authorise any Solicitor appointed to act for me to:-

(a) receive and hold in the Solicitor's Trust Account all moneys which become payable to me as a result of the work done on my behalf;

(b) hold all such moneys in the Solicitor's Trust Account until a decision has been made concerning what contribution I will be required to pay towards my legal costs;

(c) deduct from such moneys and to pay to the Public Solicitor the amount of contribution so determined.

3. I consent to any lawyer acting for me or who acted for me in the past giving to the Public Solicitor any information relevant to the grant of legal assistance.

4. I declare that the statements in this form are true and correct.

5. I declare that I have read and understand the above conditions.

Signature: (Applicant for legal aid)

Date

PUBLIC SOLICITOR'S CERTIFICATE

I certify that I am of the opinion that the Applicant has reasonable grounds to be granted legal aid for the purpose of investigating/ instituting/defending/becoming a party to the above proceedings. (cross out whichever is inapplicable).

I undertake to hold in my Trust Account all moneys received as a result of any Order(s), settlement or compromises made in the proceedings for which legal assistance has been sought and not to disperse such moneys except to the Applicant and on the manner allowed by section 10 of the [Public Solicitor Act](#).

Public Solicitor Date

(Signature)