

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 If yes – list your other names u			Yes	No O
4	Date of birth dd	/ mm / yyyy			
5	Your current address		6	Your postal addre	
7	Mobile phone		8	Home phone	
9	Work phone		10	Other contact phone	
				Whose number is this?	
				10 1110 :	
11	Email				
L	iving arrangements				
12	Do you have a partner who If yes – partner's full name:	lives with you?		Yes	No O
13	How many children do you	have under 18 years o	old?	How many o	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			
What is your WINZ number?			
Complete this section if you have an interest	in a Trust:		
Does the Trust owe money to yo	u and/or your partner?	Yes No	
	Hov	w much? \$	
16 When will you receive this mone	y?	Don't know	
17 If you don't receive an income, h	now are you financially supp	ported?	

	Assets and debts				
18	Do you and/or your partner or home or land and/or property		Yes	No O	
	Property address				
	Legal owner of property				
	Estimated value \$				
	Mortgage balance \$				
	Is it in a Trust?		Yes	No O	
	Is it registered under the Join	t Family Homes Act?	Yes	No O	
	Is it on/or Māori land?		Yes	No O	
	What is your share of owners	hip of it? (eg 50%)			
	Is it in dispute?		Yes	No O	
	If you and/or your partner have m	ore than one property please pr	rovide this information	as above on anoth	er page.
19	Do you and/or your partner ha investments?	ave any money or	Yes	No O	
		You \$	Pa	artner \$	Is it in dispute?
	Cash, savings and term depos	sits			Yes No
	Shares and bonds				Yes No
	Retirement funds (not Kiwisav	ver)			Yes No
	Other – including money owed to	you			Yes No
20	Do you and/or your partner ha		Yes	No (
20	Do you and/or your partner har resale value of \$3,500 or more		Yes	No Amount owing \$	
20		?? (eg motor vehicles, boats, etc)	Yes Value \$	No Amount owing \$ (for vehicles only)	Is it in dispute?
20	resale value of \$3,500 or more	?? (eg motor vehicles, boats, etc)		Amount owing \$	Yes No
20	resale value of \$3,500 or more	?? (eg motor vehicles, boats, etc)		Amount owing \$	Yes No No Yes No
20	resale value of \$3,500 or more	?? (eg motor vehicles, boats, etc)		Amount owing \$	Yes No No Yes No No
20	resale value of \$3,500 or more	?? (eg motor vehicles, boats, etc)		Amount owing \$	Yes No No Yes No
21	resale value of \$3,500 or more	e? (eg motor vehicles, boats, etc) ion ave any debts?		Amount owing \$	Yes No No Yes No No
	Descript Do you and/or your partner ha	e? (eg motor vehicles, boats, etc) ion ave any debts?	Value \$	Amount owing \$ (for vehicles only)	Yes No No Yes No No
	Descript Do you and/or your partner ha	e? (eg motor vehicles, boats, etc) ion ave any debts? ? You \$	Value \$	Amount owing \$ (for vehicles only)	Yes No No Yes No
	Descript Do you and/or your partner ha If yes – what is the balance owing Bank overdraft or personal de	e? (eg motor vehicles, boats, etc) ion ave any debts? ? You \$	Value \$	Amount owing \$ (for vehicles only)	Yes No No Yes No No Yes No
	Descript Do you and/or your partner half yes – what is the balance owing Bank overdraft or personal decredit cards	e? (eg motor vehicles, boats, etc) ion ave any debts? ? You \$	Value \$	Amount owing \$ (for vehicles only)	Yes No No Yes No

Other

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/repre		Eill 9 Sign A	Diago Signaturo	[Date	dd / mm	/ уууу
	Click view	Fill & Sign 7	Place Signature				
Representative name							
Relationship to applicant							
Get more information							
If you need help filling in this	s form, please contact yo	ur lawyer. If you	don't have a lawy	er, you can se	earch the	Find a lawyer	' tool on our
website http://www2.justice.			n he found at: www	uv ivotico cov	t n=/onnly	for family or	oivil logal aid
Information about the applic	ation process and any g	апі арріочей са	ii be loulld at. ww	w.jusiice.gov	ι.πΖ/αρριγ·	-ioi-iaiiiiy-oi-	civii-iegai-aiu
△ To learn how to sign a F	PDF document, go to: https	://helpx.adobe.co	m/reader/using/sigi	n-pdfs.html			
Lawyer's detai	To be comp	eted by your law	ver				
Lawyor o actar	10 10 00	otou by your ian	, o.				
25 LA Provider num	per						
Full lawyer name							
Name of instructi							
solicitor (if required	1)						
Proceedings							
_							
What date were in	nstructions first receiv	ed?	dd /	mm / yyy	У		
Have any of the n tribunal or any ot	natters subject to the her means?	application bee	en disposed of i	n court,	Υє	es 🔵	No 🔵
If yes – what was th	e date of final disposition	?	dd /	mm / yyy	У		
30 Give reasons for	any delay in submittir	g this applicat	ion:				

1	What is the proposed proceeding(s) including court/tribunal and location?	
	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	

	Civil legal aid only					
34	Have there been any negot If yes – provide details:	ation or settlement offers in this	matter?	Yes (No C)
35		in a representative, fiduciary or o			No ()
	If yes, is it likely the court woul	d order costs be paid out of the estate	e or fund?	Yes (No C)
36	Are there any other people	who have an interest in this mat	ter?	Yes (No O	
	If yes, would any person benef	icially interested suffer hardship?		Yes (No C)
Cos	t of work not covered by a	ny fixed fee schedules or proc	eedings steps			
37	Complete these tables for f	unding sought that is not covere usive of GST.	d by fixed fee sc	hedules or proce	edings steps.	
	Proceedings type (eg summa	ry, judgment, harassment)	Steps/stage	Hours sought	Total (excl GST)	
	Other (eg interlocutory applicat	on)	Steps/stage	Hours sought	Total (excl GST)	
	Disbursements		Steps/stage	Hours sought	Total (excl GST)	
					, ,	
					\$ 0.00	
				Total (GST)		
			Gra	and Total incl GST	\$ 0.00	

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

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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



