



# Individual Application Form

Office use only

JAFLAS Dr Alan Blacker & Co CIC Legal Services and Help Centre  
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Tel: 0203 47 999 57  
4 Margaret Clitherow Court Milk Street Rochdale OL11 1HF

## Introductory Notes

- 1. Please complete this form like you mean it, we cannot imagine your details so please take time to fill this form out fully. We will reject your application for help if vital details are missing and you ought to have given them here.**
- 2. We have no minimum notice period but it is in your own interest to give us as much notice as possible, we cannot be held responsible for missing deadlines whilst we are considering providing assistance.**
- 3. Our assistance is not guaranteed and the conduct of the case remains your responsibility at all times.**

## How to Apply

- 1. We can receive personal applications but prefer it if you have received initial advice from welfare rights type organisations.**
- 2. Applications can be submitted by post to address below or email. **This is most important.****  
*Please ensure you include the following documents including emails with your application:*
  - Court / tribunal papers, including court orders and judgments and witness statements
  - Letters or opinions from solicitors, barristers or advisers giving advice about the case
  - Key correspondence with any other person(s) involved, or their solicitors
  - If seeking help with an appeal, a copy of the judgment being appealed
  - If seeking help about a contract or formal document, a full copy of the contract / document

Please send scanned copies in one file, so collate all your documents in the order above. We cannot accept any responsibility for original documents.

Specific key documents to be provided with applications for assistance in criminal, planning, family (children and Financial Relief), employment and immigration matters are as above but pertinent to the case. If in doubt, attach the document in your single attachment.

We need sufficient documents in order to make a decision as to whether we can assist. If there are more than 100 pages of papers, please select what seems the most important and provide a summary of what other documents exist.

We aim to acknowledge all applications with 7 working days. Please put your documents in date order and provide a list of them at the front. Once received by us the documents remain our property for auditing and quality purposes.

We are disabled confident and will not discriminate on any personal attributes; other than honesty and complete transparency. We don't judge. We don't criticise.

**Please ensure you write clearly and complete each section thoroughly.**

### Section 1: Your details

Title: First name: Surname:

Date of Birth

Address:

Contact Telephone Numbers:

Email:

*Please note, email is the preferred form of communication so please check your spam folder if you have one.*

### Section 2: Referrer details except where an individual has sought help and attaches it to the file

*This section to be completed by the referrer unless you are making a personal application.*

**Organisation name:**

**Address:**

**Postcode:**

**DX:**

**Email:**

**Direct Line:**

(this will **not** be made available to the client)

**Contact name:**

**Contact position:**

**Signature:**

**Date:**

**How do you intend to assist the applicant?**

Ongoing assistance (including corresponding and negotiating with other parties)

Help with filling in the application form only

**On what basis are you assisting the applicant?**

(e.g. pro bono, public funding, conditional/contingency fee (please provide a copy of the agreement) voluntary/charitable organisation, privately funded) Please provide a copy of any such agreement or dealings.

### Section 3: Other Assistance You have Applied For Or Received

**1. Have you made any other applications for pro bono assistance?** Yes  No

If yes, please specify which organisation(s) you have applied to together with details of the date of the approach, and what the response was (please continue on a separate sheet if necessary):

**Please note:** The General Data Protection Regulation Notice at the end of this form states, amongst other things, that in signing this form you consent to us contacting other free advice organisations regarding your case, where it is appropriate.

**Section 3: Other Assistance (cont.)**

**2. Are you currently receiving, or have you previously received, help from any other advice agency / solicitor / charity or union not already mentioned on this form?** Yes  No

If yes, please give details below of all who have been involved in the case. Continue on a separate sheet if necessary.

**Organisation name:**

**Contact name:**

**Address:**

**Postcode:**

**DX:**

**Direct line:**

**Email:**

**Dates of involvement:**

From  To

**On what basis did they assist you?** *Please tick below*

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Voluntary   | <input type="checkbox"/> | Pro bono (free)  | <input type="checkbox"/> |
| Publicly funded/legal help (please provide a copy of the agreement) | <input type="checkbox"/> | Conditional Fee (No win no fee) (please provide a copy of the agreement) | <input type="checkbox"/> |
| Privately (please provide a copy of the agreement)                  | <input type="checkbox"/> | Other...   | <input type="checkbox"/> |

**Section 4: Courts and tribunals**

**1. Is a court or tribunal involved in your case** Yes  No

Name of court or tribunal:
Forthcoming Hearing date:
Hearing length:

Please continue on a separate page if necessary

**2. Do you have deadlines relating to your case?** If so, please specify the date(s) and what is required by a deadline

**Section 5: Details of the other party (if there is more than one party please provide more information on a separate sheet)**

Name of Other Party:

Details of their solicitor

**Contact person:**

**Organisation:**

**Address:**

**Telephone:**

**Email:**

If there is more than one party please provide full details on a separate sheet. It is not unusual for us to be approached for assistance by both sides in a case. If so, for confidentiality reasons will not be notified, but the requests will be dealt with by different caseworkers.

## Section 6: How can we help you?

### What assistance do you seek from our service?

Tick below as appropriate

Advice

Drafting of documents

Representation at court/tribunal hearing

## Section 7: Case summary

Please give us a brief summary of your case including:

- What you want us to help with, and
  - A list of key dates/events up to the present in the order they happened.
1. **This is a very important section.** Please include all key dates and give details of any past court hearings. **It is not enough just to write 'Please see attached papers'.**
  2. ***Please continue on a separate sheet if necessary.***
  3. ***Try and limit this document to 250 words. This will constitute your initial proof of evidence – your case and position. Misleading us here exposes you to severe consequences.***

**Financial Information** Incomplete sections will delay your application.

**Please complete every section fully.** If any section does not apply, please write 'N/A' not applicable or '0'.

**Section 8: Public funding (“legal aid”)**

**Are you eligible for public funding?** Yes  No

A. If you **are not** eligible, please explain why and provide copies of any correspondence decisions from the Legal Aid Agency declining funding.

B. If you **have not applied**, please send copies of your current benefits and income.

Has public funding previously been available in the case? Yes  (give details below) No

Dates:  
From \_\_\_\_\_ To \_\_\_\_\_

Why was it withdrawn? (Please supply reasons)

**Section 9: Other resources**

Are you a member of a Union or similar organisation (e.g. Unison) Yes  No

Do you have legal expenses insurance (this includes any provisions made within home and contents insurance)? Yes  No

**Send us a copy of your household and other policies.**

**Section 10: Benefits**

**Do you receive any of the benefits listed below?** Yes  No

*Please tick all which apply and give the monthly amount.*

<input type="checkbox"/> Pension Credit	£	(monthly)	<input type="checkbox"/> Housing Benefit	£	(monthly)
<input type="checkbox"/> Universal Credit	£	(monthly)	<input type="checkbox"/> Income Support	£	(monthly)
<input type="checkbox"/> Jobseekers Allowance	£	(monthly)	<input type="checkbox"/> Disability Living Allowance	£	(monthly)
<input type="checkbox"/> Other	£	(monthly)	<input type="checkbox"/> Other	£	(monthly)

**Do you have current proof of benefits received?** Yes  No

*If yes, please specify what proof you have below and provided a copy of the current proof of benefit. Also include details of benefits you are waiting to hear about.*

*For the questions below, please give all relevant financial details in the boxes provided, including those for any family members to whom you might reasonably look for help. Continue on a separate sheet if necessary. Please put '0' where applicable.*

**Section 11: Savings, investments and other major assets**

Please give details of any savings, investments and other major assets you or your partner have, including money in deposit accounts, shares owned, cars and other significant assets etc.

Type of saving, investment or asset	Value (£)

**Section 12: Debts**

Give details of any outstanding debts, including the amount owed. Set out those debts for which you are currently making repayments and those where you are not currently making repayments.

Creditor	Sum still owed (£)	Monthly repayment if any (£)

**Section 13: Property**

**Do you or your partner own any property?** Yes  No   
*If yes, please list each property below and continue on a separate sheet if necessary.*

Address of property (if not your own home, please give further details)	Approximate current market value (£)	Mortgage outstanding (£)

Monthly Income	£
Salary (net)	
Bonuses	
Partner's salary	
Income from savings/investments	
Maintenance	
Benefits	
Rental Income	
Other (please specify)	
<b>Total monthly income</b>	
<b>Household information</b>	
Number of adults in your home (over 18yrs)	
Number of children in your home	

Monthly Expenditure	£
Rent	
Mortgage	
Council Tax	
Household bills	
Food/clothing	
Transport	
Loan repayments	
Credit cards / hire purchase	
Leisure	
Other (please specify)	
<b>Total monthly expenditure</b>	

### Section 14: Further information

Please set out below any further information which might help (if applicable)

**Are you gay, lesbian, bisexual, trans-sexual, homeless, ESOL, student or otherwise poor or vulnerable?** Yes  No  *If yes, please give details or ring the appropriate choice above.*

### Data Protection Notice

JAF LAS will process information about the applicant and the applicant's case to assess, administer and review the application, and any future applications. Processing may include disclosing information to and receiving information from third parties such as advice agencies, voluntary organisations, courts, the Legal Aid Agency, legal expense insurers, trade unions and legal advisers where necessary under suitable obligations of confidence. If a barrister is provided we will receive a report of the results achieved in the applicant's case including a record of any advice or hearing. Unless we are asked not to, we may also produce an anonymised report of the case, for example, in the publicity material we use to attract clients. By making this application you confirm that you consent to the above processing of your information.

In some cases we may want to discuss details of your case with LawWorks, ILEX Pro Bono Forum, the Employment Lawyers Association, or another charity giving pro bono help. Yes  No

In some cases we give feedback to your referrer, is this ok? Yes  No

### Statement of Truth

I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer lawyer for assistance is taken on that basis. I understand that assistance is not guaranteed at any stage.

Signature:

Date:

Name (block capitals):

If not the applicant, relationship to the applicant:

***For Referrer: When filling in this form on behalf of your client, please read the Data Protection Notice and Statement of Truth to them. Signing or making the application for someone else signifies their consent.***

You must provide copies of your driving licence and/or passport or at least one proof of address like a council tax bill. Please send both if you can.

Our postal Address: 4 Margaret Clitherow Court Milk Street Rochdale OL11 1HF



# Equal Access to Justice

JAFSLAS aims to assist in cases irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion and political persuasion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical purposes.

***This section will be detached from the application form, and will not be accessible by our volunteer case reviewers or panel members.***

Ethnic Origin		
I would describe my ethnic origin as:		
<b>A) White British</b>	<b>B) Mixed</b>	<b>C) Asian</b>
<input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Northern Irish	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed:	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> British <input type="checkbox"/> Other Asian:
<b>White other</b>		
<input type="checkbox"/> Irish <input type="checkbox"/> Other white:		
<b>D) Black</b>	<b>E) Other</b>	<b>F) Would prefer not to indicate</b>
<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Other Black:	<input type="checkbox"/> Any other ethnic background please describe:	<input type="checkbox"/>
Age and gender		
<b>Age at date of application</b>		Would prefer not to indicate <input type="checkbox"/>
<b>Gender:</b> Female <input type="checkbox"/>	Male <input type="checkbox"/>	Would prefer not to indicate <input type="checkbox"/>
Disability		
<b>Do you consider yourself to have a disability</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Would prefer not to indicate <input type="checkbox"/>		
<i>If yes, please tick any of the list below which apply.</i>		
<input type="checkbox"/> Dyslexic	<input type="checkbox"/> Need personal care	<input type="checkbox"/> Multiple difficulties
<input type="checkbox"/> Blind / partially sighted	<input type="checkbox"/> Mental health difficulties	<input type="checkbox"/> Other:
<input type="checkbox"/> Deaf / hearing impairment	<input type="checkbox"/> Unseen disability (e.g. asthma, diabetes, epilepsy)	
<input type="checkbox"/> Wheelchair use / mobility		<input type="checkbox"/> Would prefer not to indicate
Source of information about our help.		
<b>Where did you hear about our help?</b>		
<input type="checkbox"/> Law Centre	<input type="checkbox"/> LawWorks	<input type="checkbox"/> Bar Pro Bono Unit website
<input type="checkbox"/> RCJ Citizens Advice Bureau	<input type="checkbox"/> Solicitor	<input type="checkbox"/> Other website:
<input type="checkbox"/> Other Citizens Advice Bureau	<input type="checkbox"/> Barrister	
<input type="checkbox"/> Other advice agency:	<input type="checkbox"/> Court / Tribunal	<input type="checkbox"/> Made a previous application
<input type="checkbox"/> Free Representation Unit (FRU)	<input type="checkbox"/> Bar Council	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> Media / Press	