



Legal Aid  
Agency

# Application for Civil Legal Aid certificate

## Legal Representation Non-family Proceedings

For Official Use Only

Emergency Application? Yes  No

Tag No:      /      /

Yes No

Granted under delegated functions

Has an emergency certificate been granted on  
CIV APP6?

If yes, please give reference:

Is this an application for exceptional case funding?

If yes, you must supply an  
exceptional case funding form  
(ECF1).

**Please note - if you are making an ECF application you do not have delegated functions to grant legal aid.**

### Your client's details **Completion of this section is compulsory**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Surname at birth (If different): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

(if different) \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NI Number: \_\_\_\_\_

Sex:  Male  Female  Prefer not to say

Marital status:  Single  Married/Civil Partner  Cohabiting

Separated  Divorced/dissolved CP  Widowed

### Client Security Password:

It will not be possible for the Legal Aid Agency to discuss this matter over the telephone with you or your solicitor unless your identity can be verified. A password should be provided by the applicant which will be requested at the start of any telephone conversation:

Password (in Block Capitals)

Prompt (a word that will help you remember  
your password)

\_\_\_\_\_

\_\_\_\_\_

# Equal Opportunities Monitoring

Please tick the boxes which your client would describe themselves as being:

## Ethnicity

### White

- (a) British
- (b) Irish
- (c) White Other

### Mixed

- (a) White and Black Caribbean
- (b) White and Black African
- (c) White and Asian
- (d) Mixed Other

### Asian or Asian British

- (a) Indian
- (b) Pakistani
- (c) Bangladeshi
- (d) Asian Other

### Black or Black British

- (a) Black Caribbean
- (b) Black African
- (c) Black Other

### Chinese

### Gypsy/Traveller

### Other

### Prefer not to say

## Disability

The Equality Act 2010 defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities.

Not Considered Disabled

If a client considers himself or herself to have a disability please select the most appropriate definition.

Definitions:

- |                                |                          |  |                          |
|--------------------------------|--------------------------|--|--------------------------|
| Mental health condition        | <input type="checkbox"/> | Blind  | <input type="checkbox"/> |
| Learning disability/difficulty | <input type="checkbox"/> | Long-standing physical illness or health condition | <input type="checkbox"/> |
| Mobility impairment            | <input type="checkbox"/> | Other  | <input type="checkbox"/> |
| Deaf                           | <input type="checkbox"/> | Unknown  | <input type="checkbox"/> |
| Hearing impaired               | <input type="checkbox"/> | Prefer not to say                                  | <input type="checkbox"/> |
| Visually impaired              | <input type="checkbox"/> |  |                          |

4 Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

## Provider details

Account number:  Roll number:

Name of organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E Mail: \_\_\_\_\_

Name of authorised litigator instructed:  
\_\_\_\_\_

- 4 The authorised litigator instructed must have a valid practising certificate. The Legal Aid Agency (LAA) will not pay for any work done during the period in which the authorised litigator does not have a practising certificate.

Your case reference: \_\_\_\_\_

Contact name for enquiries: \_\_\_\_\_

## Previous Legal Aid

If you have already provided Legal Help to this client on the same matter, please describe the work done:

If you have not provided Legal Help please state why your client is applying for family help (higher)/investigative representation/full representation at this stage

Has your client applied for or received legal aid before?  Yes  No

If yes, please supply details and LAA reference number if appropriate:

If your client is married/has a civil partner or is cohabiting does that partner currently receive legal aid?

Yes  No

If yes, please supply LAA reference number: \_\_\_\_\_

If no, please supply partner's name and date of birth: \_\_\_\_\_

## Your client's involvement

Is your client:  bringing the case?  defending the case?  involved in another way?

If involved in another way, say how: \_\_\_\_\_

Date your client first visited your firm about **this** case: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the main purpose of this application?

## What form of Civil Legal Service are you applying for?

Investigative representation  Full representation

Tell us what work needs to be done under the certificate applied for. Please use standard wordings for certificates (including limitations) where possible.

**Proceedings:**

**Limitations:**

## Type of case

4 Please tick the contract category relevant to this case and see the Justice website for where to send your application.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Clinical Negligence   | <input type="checkbox"/> Community Care                    | <input type="checkbox"/> Housing                |
| <input type="checkbox"/> Debt  | <input type="checkbox"/> Other Public Law                  | <input type="checkbox"/> Immigration and Asylum |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Welfare Benefits                  | <input type="checkbox"/> Mental Health          |
| <input type="checkbox"/> Discrimination  | <input type="checkbox"/> Claims Against Public Authorities |   |
| <input type="checkbox"/> Crime/Civil (judicial review or habeas corpus arising out of a criminal matter or proceedings under the Proceeds of Crime Act 2002). Note that the London Office deals with all Proceeds of Crime Act applications. Please see the Justice website for the address. |  |   |
| <input type="checkbox"/> Other proceedings (please state) _____<br>_____   |  |   |

The case is of a type which is not listed in Schedule 1 of the Legal Aid Sentencing and Punishment of Offenders Act 2012 and is therefore outside of the scope of the normal legal aid scheme.

- I have completed, including specifying type of case, and signed an exceptional case funding form (ECF1) which accompanies this application.

Please state why the application falls under the Connected Matters rule (pursuant to paragraph 46 of Part 1 of Schedule 1).

## Prospects of Success

### Applications for Investigative Representation

i) Investigative representation is only available where prospects of success are unclear. Please state why this is so and what work needs to be done to determine the prospects of success.

ii) If the claim is primarily for damages is the likely value of the claim £5000 or more?

- Yes       No

If no, state why you consider the application should be granted:

iii) Estimate the likely costs to investigate the prospects of success (at legal aid rates, excl VAT) £ \_\_\_\_\_

Estimate Counsel's fees and disbursements in addition to this £ \_\_\_\_\_ (excl. VAT).

## Applications for Full Representation Only

i) Which of the following best describes the prospects of achieving the outcome your client wants?

**A** Very good  
(80%+)

**B** Good  
(60-80%)

**C** Moderate  
(50-60%)

**D** Marginal  
45 - 50%

**E** Borderline

**F** Poor

4 Please ensure that you justify your assessment of the prospects of success in the statement of case on page 10.

4 If you have ticked box D or E please ensure that you have completed the relevant sections of page 11 (where appropriate).

## Cost Benefit

For applications for investigative representation this section must be completed in so far as the information is available.

### Costs

For all estimates of costs, please use the legal aid prescribed rates where relevant including disbursements and counsel fees but excluding VAT.

What are your legal aid costs for this client to date in this matter? £ \_\_\_\_\_:\_\_\_\_\_

What is your estimate of legal aid costs (inc legal help) incurred by any previous solicitor in the same matter? £ \_\_\_\_\_:\_\_\_\_\_

Estimated costs to settlement or other disposal £ \_\_\_\_\_:\_\_\_\_\_

If you consider that the case will settle or otherwise be disposed of before trial, please state why:

How have you calculated costs to settlement/disposal (i.e. what work is included, briefly)?

Estimated costs to trial £ \_\_\_\_\_:\_\_\_\_\_

How have you calculated costs to trial (what work is included, briefly)?

### Value of Claim

If this is a quantifiable claim, whatever your client's involvement in this case, estimate the likely value of the claim:

Please tell us the ratio of the value of the claim to the costs to disposal:

Value of claim:  Costs to disposal:  Ratio:  :

## Opponent's details

4 Please provide as much of the following information as you can:

4 Please attach an extra sheet if there is more than one opponent

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname or organisation name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Is the opponent insured against your client's claim?

Yes

No

Don't know

Tell us any information you have about the opponent's financial resources and why you think they will be able to pay any monies which the court orders to be paid to your client.

4 Note that your estimate of damages to be recovered should be discounted if there is doubt regarding the opponent's ability to pay.

Has the opponent applied for legal aid for this case?

Yes

No

Don't know

If known, tell us our case reference number(s): \_\_\_\_\_

\_\_\_\_\_

## Interested Parties

Is anyone else involved directly or indirectly in this case (excluding the opponent)?

Yes

No

Tell us how they are involved:

Former spouse, civil partner or cohabitant

Litigation friend

Other (give details) \_\_\_\_\_

Please provide the following details about this other person:

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname or organisation name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Job: \_\_\_\_\_

If the other person/people or organisation stands to gain anything if your client's action is successful, tell us how they stand to gain: 4 this must always be completed for cases where wider public interest is alleged.

## Interested Parties continued

Is there any other organisation able to assist with any or all of the legal costs (for example trade union or trust fund)?

Yes

No

Don't know

If yes, what financial assistance can they offer?

If your client has a policy or membership which provides for help with legal costs, please tell us why your client does not take this up or why it is not available to provide assistance in this case:

---

## Conditional Fee Agreements (CFAs)

Complete this section unless the application is for work in a type of case to which regulation 39(b) of the Civil Legal Aid (Merits Criteria) Regulations 2012 does not apply.

Do you believe this case is unsuitable for a CFA?

Yes

No

If yes, please give your reasons.

Have you attempted to secure after-the-event insurance?

Yes

No

If yes, what was the response?

If no, why not?

---

## Before the Event Insurance (BTE)

Does your client have insurance cover for any of the following:

	Yes	No
Buildings insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Contents insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Motor insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please confirm that you have checked these policies to see if they include legal expenses insurance.	<input type="checkbox"/>	<input type="checkbox"/>
Does your client have any form of legal expenses insurance?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please attach a copy of the policy.



## Alternatives to litigation

a) Has your client tried to resolve the dispute by negotiation?

Yes       No

If yes, please give details of the opponents response and any proposals your client or the opponent has made to settle or avoid the dispute.

If no, please state why not:

b) Is there a complaints or ombudsman scheme which you could refer this matter to?

4 This section **must** be completed for actions against the police, clinical negligence and judicial review applications

Yes       No

If yes, have you applied to the scheme?       Yes       No

If not, please tell us why you have not applied:

If so, please tell us the outcome:

c) Has your client or the opponent proposed mediation or other alternative dispute resolution?

Yes       No

If no, please state why not:

If yes, please tell us the outcome:

## **Statement of case**

### **Background information and history**

Use this page and/or separate sheet(s) for a statement of what has happened so far in this case, including details of any court proceedings so far.

Include any additional information which will help the caseworker apply the Civil Legal Aid (Merits Criteria) Regulations 2012 in this case. You must provide sufficient information to satisfy the merits criteria applicable to the case including the benefit likely to be obtained.

## **Public interest**

4 Section headed "Interested Parties" on page 8 must be completed where significant wider public interest is claimed.

4 If you are contending that this case has significant wider public interest please complete this section.

Please state by reference to the Civil Legal Aid (Merits Criteria) Regulations 2012, why your client's claim has a significant wider public interest (i.e. has potential to produce real benefits for individuals other than the client). Give details of those who will benefit, in addition to your client, estimate numbers and describe nature of benefit:

## **Overwhelming importance to the individual**

4 If you are contending that this case has overwhelming importance to the individual please complete this section.

Please describe how you consider your client's case meets the Civil Legal Aid (Merits Criteria) Regulations 2012 definition of the above:

## **Human Rights**

4 If you are contending that the substance of this case relates to a breach of Convention Rights please complete this section.

Please describe any human rights elements of your client's claim, specifying which Articles of the European Convention on Human Rights your client will rely upon and whether the substance of the case relates to a breach of convention rights.

## Emergency details

If you are applying for emergency funding, why do you consider this case to be urgent?

---

If granted using delegated functions, **this section must be completed:**

Date used    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please give a brief description of the proceedings covered, the wording codes used for the proceedings, the scope (steps you have covered) and the costs (if exceeding £1350 please explain why standard costs are insufficient).

Main proceedings wording:

Costs Limit £1350                       Other amount     £ \_\_\_\_\_

Time Limit: 4 weeks

Scope limit (what urgent steps you have covered):

## LEGAL AID AGENCY

### PRIVACY NOTICE

#### **PURPOSE**

This privacy notice sets out the standards that you can expect from the Legal Aid Agency when we request or hold personal information ('personal data') about you; how you can get access to a copy of your personal data; and what you can do if you think the standards are not being met.

The Legal Aid Agency is an Executive Agency of the Ministry of Justice (MoJ). The MoJ is the data controller for the personal information we hold. The Legal Aid Agency collects and processes personal data for the exercise of its own and associated public functions. Our public function is to provide legal aid.

#### **About personal information**

Personal data is information about you as an individual. It can be your name, address or telephone number. It can also include the information that you have provided in this form such as your financial circumstances and information relating to any current or previous legal proceedings concerning you.

We know how important it is to protect customers' privacy and to comply with data protection laws. We will safeguard your personal data and will only disclose it where it is lawful to do so, or with your consent.

#### **Types of personal data we process**

We only process personal data that is relevant for the services we are providing to you. The personal data which you have provided on this form will only be used for the purposes set out below.

#### **Purpose of processing and the lawful basis for the process**

The purpose of the Legal Aid Agency collecting and processing the personal data which you have provided on this form is for the purposes of providing legal aid. Specifically, we will use this personal data in the following ways:

- In deciding whether you are eligible for legal aid, whether you are required to make a contribution towards the costs of this legal aid and to assist the Legal Aid Agency in collecting those contributions, if appropriate.
- In assessing claims from your legal representative(s) for payment from the legal aid fund for the work that they have conducted on your behalf;
- In conducting periodic assurance audits on legal aid files to ensure that decisions have been made correctly and accurately;
- In producing statistics and information on our processes to enable us to improve our processes and to assist us in carrying out our functions.

Were the Legal Aid Agency unable to collect this personal information, we would not be able to conduct the activities above, which would prevent us from providing legal aid.

The lawful basis for the Legal Aid Agency collecting and processing your personal data is in the administration of justice and the result of the powers contained in Legal Aid, Sentencing and Punishment of Offenders Act 2012.

We also collect 'special categories of personal data' for the purposes of monitoring equality, this is a legal requirement for public authorities under the Equality Act 2010. Special categories of personal data obtained for equality monitoring will be treated with the strictest confidence and any information published will not identify you or anyone else associated with your legal aid application.

## **Who the information may be shared with**

We sometimes need to share the personal information we process with other organisations. When this is necessary, we will comply with all aspects of the relevant data protection laws. The organisations we may share your personal information include:

- Public authorities such as: HM Courts and Tribunals Service (HMCTS), HM Revenue and Customs (HMRC), Department of Work and Pensions (DWP) and HM Land Registry;
- Non-public authorities such as: Credit reference agencies Equifax and TransUnion and our debt collection partners, Marston Holdings; and
- Fraud prevention agencies: if false or inaccurate information is provided or fraud identified, the Legal Aid Agency can lawfully share your personal information with fraud prevention agencies to detect and to prevent fraud and money laundering.

You can contact our Data Protection Officer for further information on the organisations we may share your personal information with.

## **Data Processors**

The LAA may contract with third party data processors to provide email, system administration, document management and IT storage services.

Any personal data shared with a data processor for this purpose will be governed by model contract clauses under data protection law.

## **Details of transfers to third country and safeguards**

It may sometimes be necessary to transfer personal information overseas. When this is needed, information may be transferred to: the European Economic Area (EEA)

Any transfers made will be in full compliance with all aspects of the data protection law.

## **Retention period for information collected**

Your personal information will not be retained for any longer than is necessary for the lawful purposes for which it has been collected and processed. This is to ensure that your personal information does not become inaccurate, out of date or irrelevant. The Legal Aid Agency have set retention periods for the personal information that we collect, this can be accessed via our website:

<https://www.gov.uk/government/publications/record-retention-and-disposition-schedules>

You can also contact our Data Protection Officer for a copy of our retention policies.

While we retain your personal data, we will ensure that it is kept securely and protected from loss, misuse or unauthorised access and disclosure. Once the retention period has been reached, your personal data will be permanently and securely deleted and destroyed.

## **Access to personal information**

You can find out if we hold any personal data about you by making a 'subject access request'. If you wish to make a subject access request please contact:

Disclosure Team - Post point 10.25  
Ministry of Justice  
102 Petty France  
London  
SW1H 9AJ

Data.access@justice.gov.uk

## **When we ask you for personal data**

We promise to inform you why we need your personal data and ask only for the personal data we need and not collect information that is irrelevant or excessive.

When we collect your personal data, we have responsibilities, and you have rights, these include:

- That you can withdraw consent at any time, where relevant;
- That you can lodge a complaint with the supervisory authority;
- That we will protect and ensure that no unauthorised person has access to it;
- That your personal data is shared with other organisations only for legitimate purposes;
- That we don't keep it longer than is necessary;
- That we will not make your personal data available for commercial use without your consent; and
- That we will consider your request to correct, stop processing or erase your personal data.

## **You can get more details on:**

- Agreements we have with other organisations for sharing information;
- Circumstances where we can pass on personal information without telling you, for example, to help with the prevention or detection of crime or to produce anonymised statistics;
- Our instructions to staff on how to collect, use or delete your personal information;
- How we check that the information we hold is accurate and up-to-date; and
- How to make a complaint.

For more information about the above issues, please contact:

The Data Protection Officer  
Ministry of Justice  
3rd Floor, Post Point 3.20  
10 South Colonnades  
Canary Wharf  
London  
E14 4PU

[Privacy@justice.gov.uk](mailto:Privacy@justice.gov.uk)

For more information on how and why your information is processed, please see the information provided when you accessed our services or were contacted by us.





## Declaration to be signed by the applicant

My solicitors have given me to keep:

- 4 The Legal Aid Agency's leaflet 'Paying for your Legal Aid'.

My solicitors have explained the legal aid statutory charge to me. **In particular, my solicitors have advised whether there is a risk that at the end of my case, I will have to accept an interest - bearing charge on my home.**

**As far as I know, all the information I have given is true and I have not withheld any information. I understand that if I give false information or withhold relevant information the services provided to me may be cancelled at which point I will become liable to pay all the costs that have been incurred and I may be prosecuted.**

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This declaration must be signed by the applicant

## Certification

I certify that:

- 4 I have explained to the client their obligations and the meaning of their declaration.
- 4 I have given to the client to keep the LAA's leaflet referred to in their declaration and have explained the statutory charge to them.
- 4 I have provided as accurately as possible all the information requested on this form.
- 4 My offices CLA Contract authorises Licensed Work in the proceedings to which this application relates, or a Standard Crime Contract and the application relates to Civil Work, or this is an application for exceptional case funding under a single contract.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Authorised litigator)

Name: \_\_\_\_\_

## Representative Nomination Section

Consent for disclosure of information to a client's nominated representative.

- 4 Please complete this section in block capitals **if you wish to nominate someone** other than your solicitor to contact the Legal Aid Agency to discuss your case on your behalf.

Your Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

The full name of your nominated representative:

\_\_\_\_\_  
The relationship between you and your nominated representative:

\_\_\_\_\_  
Nominated representative's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 4 Your nominated representative **MUST** give their date of birth when contacting the Agency.

## Authority

I hereby give authority for the Legal Aid Agency to disclose any information about my legal aid to the above nominated representative when contacting the Agency on my behalf.

I undertake to advise the Agency if, at any time, I wish to withdraw this authority.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Declaration - Clinical Negligence cases only

I declare that:

4 I am a member of an approved accreditation panel and that I am either the category supervisor or conducting solicitor and have checked and approved the application.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

## Enclosures

4 Any enclosures should not be the originals, except the means assessment and L17 forms.

The enclosures sent in support of this application are:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> pleadings   | <input type="checkbox"/> witness statement        | <input type="checkbox"/> court order(s) | <input type="checkbox"/> expert report(s)  |
| <input type="checkbox"/> copy letters before action and responses (if any) |   |   | <input type="checkbox"/> counsel's opinion |
| <input type="checkbox"/> contract(s)/ agreement(s)                         | <input type="checkbox"/> CIVMEANS1                | <input type="checkbox"/> CIVMEANS1A     | <input type="checkbox"/> CIVMEANS1B        |
| <input type="checkbox"/> CIVMEANS1C  | <input type="checkbox"/> CIVMEANS1P               | <input type="checkbox"/> CIVMEANS2      | <input type="checkbox"/> CIVMEANS3         |
| <input type="checkbox"/> CIVMEANS4   | <input type="checkbox"/> CIVMEANS5                | <input type="checkbox"/> client's L17   | <input type="checkbox"/> partner's L17     |
| <input type="checkbox"/> Case plan - where costs likely to exceed £25K     | <input type="checkbox"/> 3 months bank statements |   | <input type="checkbox"/> ECF1              |
| <input type="checkbox"/> other (give details) _____                        |   |   |  |