

Continuation of questions

in the Financial Statement for Legal Aid in Criminal Proceedings (Form CRM15)

Form
CRM15C



Legal Aid
Agency

Please use the pages of this form to continue your answers to the questions on form CRM15 which are listed opposite.

- Use as many copies of a page as you need.
- You may use parts of a page only (for instance, you may want to show several deductions from a wage, only).

For question:	Use:	For question:	Use:
2	page 1	26 and 28	page 5
5	page 2	29	page 6
13	page 3		
24 and 25	page 4		

1

About you

Mr	Mrs	Miss	Ms	Other title	Your forenames or other names (in BLOCK LETTERS)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your surname or family name (in BLOCK LETTERS)						Your date of birth	
<input type="text"/>						<input type="text"/>	

2

About a second or further employer of you or your partner (as employees)

! GUIDANCE

Check the Guidance to see if you need to include your partner's details

	You	Your Partner
Employer's name	<input type="text"/>	<input type="text"/>
Employer's full address including the post code	<input type="text"/>	<input type="text"/>
Job title, or briefly describe the job	<input type="text"/>	<input type="text"/>
Salary or wage	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Deductions:	<input type="checkbox"/> Before tax <input type="checkbox"/> After tax	<input type="checkbox"/> Before tax <input type="checkbox"/> After tax
Income Tax	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
National Insurance	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Any other deduction	£ <input type="text"/> every <input type="text"/> Details: <input type="text"/>	£ <input type="text"/> every <input type="text"/> Details: <input type="text"/>

! EVIDENCE

5

The second or further business, partnership, directorship or shareholding which you told us about in question 3 on form CRM15.

! **GUIDANCE**

! **EVIDENCE**

Some parts of this question may not apply to you or your partner. If you think a box does not apply, say that in the box.

If a question asks for a sum of money and the amount is £NIL, put **NIL**.

	You	Your Partner
Total turnover over the last 12 months	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Total drawings over the last 12 months	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Total profit over the last 12 months	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Percentage share of profit	<input type="text"/> per cent (%)	<input type="text"/> per cent (%)
Director's salary or remuneration received	£ <input type="text"/>	£ <input type="text"/>
Total income from share sales	£ <input type="text"/>	£ <input type="text"/>
The trading name of the business or partnership	<input type="text"/>	<input type="text"/>
The trading address or registered address	<input type="text"/>	<input type="text"/>
In business with anyone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes → Their name(s): <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes → Their name(s): <input type="text"/>
The nature of the business	<input type="text"/>	<input type="text"/>
How many people work for the business?	<input type="text"/>	<input type="text"/>
The date when the business began trading	<input type="text"/>	<input type="text"/>

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Please continue to describe how you and your partner pay your bills and daily expenses when you have no income from any of the sources which we have asked about in previous questions.

 **GUIDANCE**

24 The address, and the postcode if applicable, of an additional property or piece of land

! GUIDANCE

Postcode

25 About the land or property that has the address which you gave at question 24

! GUIDANCE

1 Do not include the percentage owned by a mortgage lender.

2 Do not include the share owned by a mortgage lender.

1 The percentage of the property or land which you and your partner own (see the side panel)

You	per cent (%)	Partner	per cent (%)
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2 Does anyone else own a share of this property or land (see the side panel)?

No Yes ———> Their name(s) and relationship to you

3 Is there a mortgage which has to be paid off?

No Yes ———> Total amount owing

£ _____

! GUIDANCE

4 What is the estimated market value of this property or land?

£ _____

5 Type of property

Residential: Terraced Bungalow Detached Semi-detached

Flat or Maisonette Other type of property ———> Please explain:

Number of bedrooms

Commercial: What is the commercial property used for?

Land: Size _____ acres How is the land used?

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Savings which you have declared on form CRM15 that you or your partner have in the United Kingdom or overseas.

! GUIDANCE
! EVIDENCE

Include empty or overdrawn accounts

Name of bank, building society or other holder of the savings	Sort code or Branch name	Account Number	Type of account	Balance	In whose name is the account?		
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>
				£ <input type="text"/> <input type="checkbox"/> Overdrawn	You <input type="checkbox"/>	Your Partner <input type="checkbox"/>	Joint Partner <input type="checkbox"/>

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Additional National Savings Certificates which you or your partner own.

! GUIDANCE
! EVIDENCE

	Customer (or Holder's) Number	Customer (or Holder's) Number
	<input type="text"/>	<input type="text"/>
Certificate Number	<input type="text"/>	<input type="text"/>
Certificate Number	<input type="text"/>	<input type="text"/>
Certificate Number	<input type="text"/>	<input type="text"/>
Total value of the National Savings Certificates		£ <input type="text"/>

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! GUIDANCE

! EVIDENCE

Investments which you have declared on form CRM15 that you or your partner own in the United Kingdom or overseas

Describe each investment	Value
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£