

APPLICATION FOR ARMED FORCES CRIMINAL LEGAL AID

AFLAS 11

Iraq (Op Telic) or Afghanistan (Op Herrick) cases only

NOTES FOR APPLICANTS

- a. This form must only be completed by applicants who meet any of the criteria in Section 3 (page B-2), where the investigation relates to accusations arising out of operations in Iraq or Afghanistan e.g. SPLI or Op Northmoor investigations. As such, the applicant will not be required to provide any financial information, nor will be required to contribute towards any legal costs incurred.
- b. This form is to be used to confirm your eligibility for legal aid under the Armed Forces Legal Aid Scheme (AFLAS 11); it provides authority for AFCLAA to provide you with legal aid.
- c. This form should be completed in typescript **by the applicant** wherever possible.
- d. To avoid delay with the processing of your application, this form **MUST** be completed as fully and as carefully as possible. If any parts of any sections do not apply, write None or Not Applicable (N/A) in the appropriate space.
- e. **DO NOT LEAVE BOXES BLANK OR YOUR APPLICATION MAY BE RETURNED AS INCOMPLETE.**
- f. Legal aid is not in place until you have submitted a fully completed legal aid application form, to confirm your entitlement to legal aid and your acceptance of AFCLAA's Terms and Conditions, and the legal representative formally engaged.
- g. **No liability for legal expenses will be accepted by the AFCLAA until the completed form has been received, and the legal representative formally engaged by AFCLAA.**

Once faxed to AFCLAA this complete original form **MUST** be sent to the address given below:

**AFCLAA
Trenchard Lines
Upavon
Pewsey
Wiltshire
SN9 6BE**

Section 1 - Personal Particulars

Service/Status		Service No		Rank/Rate	
Surname		First Name(s)			
Unit Title, Address & Postcode					
Are there any co-accused?	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, give details below Use separate sheet if necessary			
Service/Status		Service No		Rank/Rat	
Surname		First Name(s)			
Unit Title, Address & Postcode <i>if different from above(if more than one co accused use separate sheet)</i>					
NATURE OF CHARGE	Outline the charge(s) – use a separate sheet if necessary. If available, you should include a copy of the charge sheet or indictment.				
Investigation Reference Number <i>If applicable</i>					

Section 2 - Legal Representation Applicant to complete. Please tick one of the following boxes

<input type="checkbox"/>	2a	I wish AFCLAA to appoint a civilian legal representative on my behalf.
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PROTECT – PERSONAL DATA (WHEN COMPLETED)

<input type="checkbox"/>	2b	I wish to nominate my own legal representative, whose name and contact details are shown below. I accept that AFCLAA can only instruct this person if he/she is available and accepts the standard legal aid fees offered.
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If you have selected 2b above you must give your nominated legal representative's details here	Legal Representative's Title & Name	
	Name of Firm or Chambers	
	Full Postal Address, including Postcode	
	Telephone & fax number	

Section 3 - Entitlement to Apply for Legal Aid

The information provided will determine your entitlement to legal aid. If you require help completing this part, you may wish to seek advice from your Assisting Officer (DAO) or AFCLAA.

An entitlement to legal aid exists because (*tick one of the following*)

<input type="checkbox"/>	3a	The case is being referred to the Service Prosecuting Authority (SPA) with a view to trial at the Court Martial (Iraq/SPLI).
<input type="checkbox"/>	3b	The SPA has directed the case to be tried at the Court Martial (Iraq/SPLI).
<input type="checkbox"/>	3c	The case is being referred to the SPA with a view to trial at the Court Martial (Afghanistan/Op Northmoor).
<input type="checkbox"/>	3d	The SPA has directed the case to be tried at the Court Martial (Afghanistan/Op Northmoor).

Section 4 - Service Points of Contact: *To be completed by Divisional Officer (RN)/HR Discipline Personnel as shown.*

SERVICE POINTS OF CONTACT – details of persons who can act as initial contacts for the legal representative (excluding Unit Chain of Command). Divisional Officer (RN)/HR Discipline Personnel to complete.

Divisional Officer/HR Discipline Personnel – Details

Surname		Initials	
Rank / Rate			
Unit Address & Postcode			
Email Address			
Service Telephone Number		Service Fax Number	
Civilian Telephone Number		Civilian Fax Number	

Defendant's Assisting Officer – Details

Surname		Initials	
Rank / Rate			
Unit Address & Postcode			
Email Address			
Service Telephone Number		Service Fax Number	

PROTECT – PERSONAL DATA (WHEN COMPLETED)

Civilian Telephone Number		Mobile / Alternative Telephone Number	
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Section 5 - DECLARATION

5a. Your declaration

X	I certify that all the information set out in this application is a true statement, and confirms my entitlement to receive legal aid under the IHAT/Op Northmoor* exemption. (*delete as appropriate).
X	I understand that if I knowingly make a false statement, or withhold information, I may be prosecuted and may be liable for the full cost of any defence carried out by my legal representative
X	I understand that I should not engage with my legal representative until AFCLAA have confirmed their formal instruction, in writing, and that any costs incurred before I submit a completed application form to AFCLAA, are likely to remain my personal liability.
X	I understand that, once legal aid has been granted, I should not discuss legal aid fees or other costs to be incurred with my legal representative, and that I am not able to authorise any additional expenditure. I understand that my legal representative must discuss all financial matters with AFCLAA only.

Signature		Name	
Date			

5b. Unit declaration

I certify that the personal details provided in Sections 1 - 3 are accurate to the best of my belief.

Signature		Name	
Date		Rank/Rate	