



Criminal Appeal

Legal Aid Online Declaration

(where legal aid not granted at court of first instance)

April 2018

LAO/APP/2

Use this form where you are making a criminal appeal application using Legal Aid Online, where legal aid was not granted at first instance, or where Criminal ABWOR was granted. Where legal aid was granted at first instance, form LAO/APP/1 should be used. Remember that you are responsible for completing this form and should ensure all information required is provided, the declaration sections are signed, and that you hold a copy of the fully completed Declaration form on your file.

A. The Applicant

Forenames:

Surname:

Date of birth:

National Insurance number:

If no NI number, are they: a child an asylum seeker other

If 'Other' please explain why you do not have a NI number:

Usual home address: Postcode:

B. The Case

Reg 15 grant for this appeal? Yes No If 'Yes', date granted:

LARN: Date of final disposal:

PF reference: Date of

Nature and extent of appeal	<input type="checkbox"/> Appeal against conviction <input type="checkbox"/> Appeal against conviction and sentence <input type="checkbox"/> Appeal against sentence <input type="checkbox"/> Appeal against other disposal (<i>give details</i>): <input type="text"/>	Method of appeal	<input type="checkbox"/> Note of Appeal <input type="checkbox"/> Stated case <input type="checkbox"/> Bill of Suspension <input type="checkbox"/> Petition of Nobile Officium <input type="checkbox"/> Bill of Advocation <input type="checkbox"/> SCCRC <input type="checkbox"/> Other (<i>give details</i>): <input type="text"/>
	<input type="checkbox"/> Appeal against acquittal <input type="checkbox"/> Petition to Nobile Officium <input type="checkbox"/> Reference by the SCCRC to the appeal court <input type="checkbox"/> Application to the Supreme Court <i>Ref No:</i> <input type="text"/>		

Court of first instance	<input type="checkbox"/> Justice of the Peace <input type="checkbox"/> Stipendiary <input type="checkbox"/> Sheriff summary <input type="checkbox"/> Sheriff solemn <input type="checkbox"/> Sheriff Appeal Court <input type="checkbox"/> High Court
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Tick to confirm legal aid not granted (summary or solemn) for this case in the court of first instance
If granted, please fill out the LAO/APP/1 form which does not ask for financial details

C. Applicant's circumstances

Is the applicant currently remanded in prison or serving a custodial sentence? Yes No

Is the applicant living with a spouse or partner? Yes No If 'Yes', do they have a contrary interest in the case? Yes No

If contrary interest, the partner is: Complainer Co-accused Other Crown witness

If partner/spouse has a contrary interest you do not need to fill out the rest of Section C

Does the spouse/partner have a net income (earnings and benefits) in excess of £222 per week? Yes No

Spouse/Partner Forename:

Spouse/Partner surname:

DOB:

NI number:

How many dependants, currently living with the applicant (excluding any spouse/partner), does the applicant have?

How many dependants, not currently living with the applicant, does the applicant have?

D. All bank accounts held by the applicant (including savings account)

Bank/building society name	Name of account holder	Account number (last four digits only)	Type of account e.g current, deposit, ISA	Current balance
				£
				£
				£
				£

E. Capital/assets held by the applicant

***For detailed information and correct allowances, use the [Handbook](#) for sections E-H**

Does the applicant have any capital? Yes No

If 'Yes' give details:

Cash (coins, banknotes, cheques):

Money in bank/building society/post office/credit union:

Value of land/buildings owned (other than applicant's main house/land):

Address of other property:

Outstanding value of mortgage/loan secured over other property/land:

Investments (shares, bonds, ISAs)

Where shares/bonds held:

All other capital assets:

F. Income details (weekly amounts)

Does the applicant have any income? Yes No

If none, how are they supported?

If you stated the applicant has an income, give details:

Passport benefits (verifiable by SLAB) - please tick if applicable

Income Support	<input type="checkbox"/>
Income-based Jobseeker's Allowance	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>

If in receipt of any of the above passport benefits go to Section H

Non-passport benefits and other benefits (not verifiable by SLAB) - please tick if applicable

Contribution-based Jobseeker's Allowance	<input type="checkbox"/>
Incapacity	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>
Personal Independence Payment	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>

Other income (please specify):

Pay or sick pay (net):

£

Employer(s) Name and Address:

Self employed/
partnership income:

Yes No

If yes, give weekly amount
(applicant's latest business account/bank
statement must be submitted)

£

Business Name, Nature of
business and Address:

Private pension:

£

Name of pension
provider (if applicable):

Student loan/bursary:

£

Name of
provider (if applicable):

Money from all other
sources:

£

Details of money from
other sources:

G. Payments being made by Applicant (weekly amounts)

Does the applicant make any payments? Yes No *If 'Yes', give details below.*

Rent/board and lodgings: £ Organisation/ person paid to:

Mortgage (including endowment or life policies linked to the mortgage): £ Organisation paid to:

Council Tax: £

Does the applicant have loans? Yes No Loan provider(s) name and amount:

Childcare payments: £ Maintenance paid (for children not living with applicant): £

Car Insurance: £ Organisation paid to:

Hire purchase: £ Organisation paid to:

Other (payments due to be paid): £

details:

H. Other financial information

Please provide any other information about the applicant's financial situation that you believe we should take into account when applying the financial hardship test.

Equalities—for new clients—give client Equality Card

Q1. Did not answer Yes Q2. Ethnic origin:
Q3. Disability Yes No Did not answer

Applicant’s Declaration and Authority

Please read each of the following statements carefully and ask your solicitor to explain anything you do not understand before signing this declaration.

- This is a true statement of my personal and financial circumstances.
- I understand that if I give false information to the Scottish Legal Aid Board (“SLAB”), I may be prosecuted.
- I understand that SLAB can make any enquiries and get any information it needs to deal with this application.
- I agree to SLAB obtaining and/or checking information with others such as my employer, banks, credit reference agencies, the Department for Work and Pensions and HM Revenue and Customs and I authorise those people/organisations to provide the information they are asked for.
- I understand that I must tell you immediately if there are any changes in my or my partner’s financial circumstances including a change in benefits. Failure to notify changes may lead to my legal aid being revoked and I may be prosecuted. I may also be liable to pay the costs of my case.
- I agree to the disclosure of the application, associated documentation and my case file held by my solicitor, to SLAB for audit and/or quality assurance.
- SLAB may use the information I or my solicitor have provided on this form, or otherwise provide, for the prevention and detection of fraud.
- SLAB may share this information with other bodies responsible for auditing or administering public funds for these purposes. I consent to SLAB disclosing my personal data to other organisations.
- I agree that all of the above consents and agreements will be effective for a period of not less than five years from the date of signature and any further reasonable period thereafter as SLAB considers appropriate for their requirements.

Important information about your personal data
The Scottish Legal Aid Board (SLAB) is a data controller. The personal information provided by you will be used in accordance with the General Data Protection Regulation 2016 and for our functions under the Legal Aid (Scotland) Act 1986.

SLAB may receive information about you from certain third parties (for example, some government departments and agencies), or give information to them. However we will not pass on information about you unless the law allows or requires us to do so. We will retain the personal information we hold about you in accordance with the requirements of our retention schedule then destroy or delete it in a secure manner.

Under the General Data Protection Regulation 2016 you have the right to make a formal request in writing to see the personal information we hold about you, to inspect it and to have it corrected if it is wrong. In addition you may also have rights to have your data erased or have your data moved. You may be able to object to processing if you believe it to be unlawful and subject to lawful restrictions. Where SLAB are responsible for unlawfully processing or disclosing your personal data and it is likely to cause a high risk to your rights and freedoms we will make you aware of this. To request your personal data you should write to SLAB’s Data Protection Officer. If you are unhappy with the response you get from the Data Protection Officer and wish to complain you should write to the Director of Corporate Services and Accounts.

Signature of applicant/representative..... Date.....

Solicitor’s Declaration

- I consent to the disclosure of the application, associated documentation and client case file for quality assurance including audit and peer review, at any stage.
- I accept responsibility for any act or omission in relation to the completion and submission of the application on Legal Aid Online (“LAOL”) by me or on my behalf and confirm that all information contained within this declaration will be submitted fully and accurately in the online application.
- I will retain this signed, completed document in paper form or electronically (see LAOL Terms and Conditions for more details) and will send it to SLAB upon request.

Signature of solicitor..... Date.....