

{ EMBED PBrush }

# Financial Assessment Form

"CIVMEANS1 - The Guide" - explains why we ask for each piece of information.

## PLEASE NOTE:

**Legal Aid is not always free.**

**You may have to pay back your legal costs from money or property, kept or gained, as a result of your case.**

**Making a false declaration is an offence. If you are found doing so, you may be prosecuted and asked to repay your costs in full.**

If this form is not fully completed, we may return it to you which could result in a delay in your application. This form must be completed in ink.

## Reporting a change in circumstances

If you are reporting a change in circumstances, you must tell us straight away.

If you already have Legal Aid and are reporting a change in your financial circumstances you should use this form to tell us:

Your Legal Aid Reference Number { FORMTEXT }

What the change is { FORMTEXT }  
{ FORMTEXT }

The date the change took place { FORMTEXT }

Do you think this is a permanent change? { FORMCHECKBOX } or a temporary change? { FORMCHECKBOX }

If temporary please indicate how long you think the change will last? { FORMTEXT }

► Please now complete the rest of this form

**If you are applying on behalf of someone else, please ensure that you complete this form giving the details of the person you are applying for.**

## About you

Title: { MERGEFIELD LINKNAME TITLE 1 } First name: { MERGEFIELD LINKNAME FORENAME 1 } Surname: { MERGEFIELD LINKNAME SURNAME 1 }

1. Are you? { FORMCHECKBOX } Male { FORMCHECKBOX } Female  
{ FORMCHECKBOX } Prefer not to say

Please tick one box:

2. Are you? { FORMCHECKBOX } Single { FORMCHECKBOX }  
Married/Cohabiting { FORMCHECKBOX } Divorced

Please tick one box: { FORMCHECKBOX } Separated Civil { FORMCHECKBOX } Partner

{ FORMCHECKBOX } Widowed

{ FORMCHECKBOX } Prefer

not to say

**Your [and your partner's] details.**

**A1**

1. If you are separated, please tell us the date of separation: { FORMTEXT }

2. Is your partner the opponent in the case you are applying for Legal Aid for? { FORMCHECKBOX } No { FORMCHECKBOX } Yes

- ▶ We use the word partner to mean a person you are married/civil partner to or a person you normally live with as a couple
- ▶ If you have a partner who is not your opponent, please fill in the rest of this form giving details of both you and your partner. If you are living apart due to, for example, illness, imprisonment or working away (and not because the relationship has broken down) then we will still need your and your partner's details.
- ▶ If you are separated from your partner and living as a couple with someone else, give details of the person you are living with now.
- ▶ If your partner is your opponent, please fill in the rest of the form giving details about yourself only.

3. Please give the following details:

**A2**

	You	Your partner
Surname:	{ FORMTEXT }	{ FORMTEXT }
Surname at birth:	{ FORMTEXT }	{ FORMTEXT }
Other Names:	{ FORMTEXT }	{ FORMTEXT }
Date of birth:	{ FORMTEXT }	{ FORMTEXT }
Home address:	{ FORMTEXT }	{ FORMTEXT }
(This must be the place where you usually live)	{ FORMTEXT }	{ FORMTEXT }
	{ FORMTEXT }	{ FORMTEXT }
Postcode:	{ FORMTEXT }	{ FORMTEXT }
Home phone number:	{ FORMTEXT }	{ FORMTEXT }
Work phone number:	{ FORMTEXT }	{ FORMTEXT }
Mobile phone number:	{ FORMTEXT }	{ FORMTEXT }
National Insurance No:	{ FORMTEXT }	{ FORMTEXT }
E mail address:	{ FORMTEXT }	{ FORMTEXT }

4. Address where we can contact you if you do not want us to use your home address:

{ FORMTEXT }

{ FORMTEXT }

5. Are you in prison? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If yes, please complete a supplementary form CIVMEANS1P unless you are being held under immigration powers (including post conviction) in a prison. The CIVMEANS1P is not required for immigration or asylum matters.

**Income - employment**

1. Are you employed?

**A3**

Please provide your last 3 wage slips if monthly paid, or last 6 wage slips if you are paid weekly/every two weeks. If you do not have them please ask your Payroll officer to complete the L17 form.

	<b>you</b>	<b>your partner</b>
	{ FORMCHECKBOX } No: please go to question 2	{ FORMCHECKBOX } No: please go to question 2
	{ FORMCHECKBOX } Yes: please tell us	{ FORMCHECKBOX } Yes: please tell us
Employer's Name:	{ FORMTEXT }	{ FORMTEXT }
Employer's address:	{ FORMTEXT }	{ FORMTEXT }
What is your job?	{ FORMTEXT }	{ FORMTEXT }
When did the job start?	{ FORMTEXT }	{ FORMTEXT }
How many hours do you normally work?	{ FORMTEXT }	{ FORMTEXT }

I am paid: weekly { FORMCHECKBOX } monthly { FORMCHECKBOX } other period { FORMCHECKBOX } please state: { FORMTEXT }

Method of payment: cash { FORMCHECKBOX } cheque { FORMCHECKBOX } BACS automated transfer { FORMCHECKBOX }

2. Do you have any other jobs?

	<b>you</b>	<b>your partner</b>
	{ FORMCHECKBOX } No: please go to question 3	{ FORMCHECKBOX } No: please go to question 3
	{ FORMCHECKBOX } Yes: follow the instruction below	{ FORMCHECKBOX } Yes: follow the instruction below

► **Write the names and addresses of these employers in the Extra Information section on page 17 and attach your last 3 wage slips if monthly paid, or last 6 wage slips if you are paid weekly/every two weeks. If you do not have them please ask your payroll officer to complete the L17 form. Wage slips or L17 forms are required for each job.**

3. Do you pay out for child care (child minding) because of your work/self employment? (see also Self Employment section)

**A4**

	<b>you</b>	<b>your partner</b>
	{ FORMCHECKBOX } No: please go to question 4	{ FORMCHECKBOX } No: please go to question 4
	{ FORMCHECKBOX } Yes: please tell us	{ FORMCHECKBOX } Yes: please tell us
How much each month?	£{ FORMTEXT }	£{ FORMTEXT }

How many hours do you usually pay for ?

{ FORMTEXT }

{ FORMTEXT }

► **Please highlight these payments on your bank statement, or, if you are unable to do that, send some other form of evidence to show payments e.g. recent receipts.**

**NB: Legal Aid is not always free and you may have to pay back your legal costs**

4. If you are off work at the moment (including on Maternity leave) please tell us the date when you expect to return

A5

► Please do not include short term sickness absence (less than 28 days)

you	your partner
{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }

**Income - benefit in kind**

A6

5. Do you get benefits from work that are not money?

► For example company car, luncheon vouchers, free health insurance

you	your partner
{ FORMCHECKBOX } No: please go to page 5	{ FORMCHECKBOX } No: please go to page 5
{ FORMCHECKBOX } Yes: please tell us what benefits in kind	{ FORMCHECKBOX } Yes: please tell us what benefits in kind
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

► Please provide tax form P11D (benefits in kind).

## Income - State Benefits and Tax Credits

A7

1. If you are not working, what was your last job? { FORMTEXT }
2. When did you leave? { FORMTEXT }
3. Do you or your partner receive any of the following benefits, Tax Credits or other allowances?  
 ► Please tick relevant box ('no' or 'yes') for each benefit stated below and complete the details.

	No	Yes		How much?	How often?	Date first received
		You	Your partner			
Child Benefit	{ FOR MCH ECK BOX }	{ FO RM CH EC KB OX }	{ FORM CHEC KBOX }	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }</u>
Child Tax Credit	{ FOR MCH ECK BOX }	{ FO RM CH EC KB OX }	{ FORM CHEC KBOX }	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }</u>
Working Tax Credit	{ FOR MCH ECK BOX }	{ FO RM CH EC KB OX }	{ FORM CHEC KBOX }	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }</u>
Contribution based JSA	{ FOR MCH ECK BOX }	{ FO RM CH EC KB OX }	{ FORM CHEC KBOX }	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }</u>
Contribution based ESA	{ FOR MCH ECK BOX }	{ FO RM CH EC KB OX }	{ FORM CHEC KBOX }	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }</u>	<u>{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }</u>

Incapacity Benefit	{ FOR MCH ECK BOX }	{ RM CH EC KB OX }	{ FORM CHEC KBOX }	{ FORMTEXT } }	{ FORMTEXT } }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }
In Work Credit Return to Work Credit	{ FOR MCH ECK BOX }	{ RM CH EC KB OX }	{ FORM CHEC KBOX }	{ FORMTEXT } }	{ FORMTEXT } }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }
State Pension	{ FOR MCH ECK BOX }	{ RM CH EC KB OX }	{ FORM CHEC KBOX }	{ FORMTEXT } }	{ FORMTEXT } }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }
Savings Credit	{ FOR MCH ECK BOX }	{ RM CH EC KB OX }	{ FORM CHEC KBOX }	{ FORMTEXT } }	{ FORMTEXT } }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }
Other?	{ FOR MCH ECK BOX }	{ RM CH EC KB OX }	{ FORM CHEC KBOX }	{ FORMTEXT } }	{ FORMTEXT } }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }

Please give details

Name of benefit or allowance received. { FORMTEXT }

4. Are these payments made into your bank account? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

5. If No, how do you receive your money? { FORMTEXT }

► Please highlight these payments on your bank statement. If these payments aren't shown it may speed up your application if you provide other evidence of entitlement e.g. recent notification letter (no more than six months old).



## Self-employment, partnerships and directorships

A8

**You must answer all the questions in this section.**

**Do not strike through or write 'not applicable'.**

1. Are you self employed?

- By self employed we mean anyone who is engaged in a trade, profession or vocation as a sole trader (i.e. you have sole ownership of the business and its profits). This includes anyone who is required to complete a self-assessment tax return as a self employed person. If you operate in partnership with someone else (i.e. you share the ownership of the business and its profits with one or more other person) you should answer no to this question and refer to question 2 below.

you	Your partner
{ FORMCHECKBOX } No:            please go to question 2	{ FORMCHECKBOX } No:            please go to question 2
{ FORMCHECKBOX } Yes:           please tell us	{ FORMCHECKBOX } Yes:           please tell us
How many different forms of self employment do you have? { FORMTEXT }	How many different forms of self employment do you have? { FORMTEXT }

- Please complete a supplementary form CIVMEANS1A for each trade, profession or vocation which you are involved in and attach it to this form. A CIVMEANS1A is required even if you are not currently trading, unless you have wound the business up.

2. Are you a partner in a business partnership?

- By business partnership we mean anyone who is engaged in a trade, profession or vocation which is operated in partnership with someone else (i.e. you share the ownership of the business and its profits with one or more other person) but the business is not incorporated as a company. This includes anyone who is required to complete a self-assessment tax return as a partner.

You should answer yes to this question even if you are a sleeping partner (i.e. you are not actively involved in the partnership, but you are entitled to a share of the business and its profits).

you	Your partner
{ FORMCHECKBOX } No:            please go to question 3	{ FORMCHECKBOX } No:            please go to question 3
{ FORMCHECKBOX } Yes:           please tell us	{ FORMCHECKBOX } Yes:           please tell us
How many partnerships you have? { FORMTEXT }	How many partnerships you have? { FORMTEXT }

- Please also complete a supplementary form CIVMEANS1B (available from your solicitor) for each partnership you are involved with and attach it to this form. A CIVMEANS1B should be completed even if the partnership is not currently trading, unless the partnership has been dissolved.

**Self-employment, partnerships and directorships continued**

3. Are you a shareholder in a private limited company and/or a company director?

- By company director we mean anyone registered as a director of an incorporated body/company (excluding charities), whether or not they hold shares in that body/company.

<b>you</b>	<b>Your partner</b>
{ FORMCHECKBOX } No:            please go to question 4	{ FORMCHECKBOX } No:            please go to question 4
{ FORMCHECKBOX } Yes:            please tell us	{ FORMCHECKBOX } Yes:            please tell us
How many companies are you a director or shareholder of? { FORMTEXT }	How many companies are you a director or shareholder of? { FORMTEXT }

- You will need to ask the company accountant to complete a supplementary form CIVMEANS1C (available from your solicitor) for each directorship you hold. A CIVMEANS1C should be completed even if the company is dormant (i.e. it has no significant accounting transactions). The completed CIVMEANS1C(s) and associated accounts should be attached to this form.

4. Have you submitted any self assessment tax return in respect of your income since you commenced your self employment, partnership, directorship and/or shareholding?

<b>you</b>	<b>Your partner</b>
{ FORMCHECKBOX } No:            please tell us when you expect to make a return { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT } (go on to the "Income - other money" section on page 8).	{ FORMCHECKBOX } No:            please tell us when you expect to make a return { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT } (go on to the "Income - other money" section on page 8).
{ FORMCHECKBOX } Yes:            please tell us	{ FORMCHECKBOX } Yes:            please tell us
Date of most recent submission { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	Date of most recent submission { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }
Name of Tax Office { FORMTEXT }	Name of Tax Office { FORMTEXT }
Date when next return due { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	Date when next return due { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }

5. Have you received any Calculation sheet from HM Revenue and Customs notifying you of your tax liability?

<b>you</b>	<b>Your partner</b>
{ FORMCHECKBOX } No:            please tell us when you expect to receive this { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	{ FORMCHECKBOX } No:            please tell us when you expect to receive this { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }

{ FORMCHECKBOX } Yes:        please attach  
a copy of your most  
recent notification to this form

{ FORMCHECKBOX } Yes:        please attach  
a copy of your most  
recent notification to this form

## Income - other money

B1

1. Do you or your partner or any of the children who live with you get any maintenance payments?

{ FORMCHECKBOX } No: please go to question 2  
give the details below

{ FORMCHECKBOX } Yes: please

Who is the maintenance paid to?	How much?	How often?
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

2. Do you or your partner receive any income from:

B2

► Please tick relevant box ('no' or 'yes') and complete the details.

	No	You	Yes Your partner	How much?	How often?
Private Pension	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMTEXT }	{ FORMTEXT }
Pension from an employer	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMTEXT }	{ FORMTEXT }
Student grant or loan	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMTEXT }	{ FORMTEXT }
Gross rental income from another property	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMTEXT }	{ FORMTEXT }
Board or rent from family, lodgers or tenants	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMCHECKBOX }	{ FORMTEXT }	{ FORMTEXT }

Any other  
money

{  
FOR  
MCH  
ECK  
BOX  
}

{  
FOR  
MCH  
ECK  
BOX  
}

{  
FORMCH  
ECKBOX }

{ FORMTEXT }

{ FORMTEXT }

- ▶ If you have answered yes to any of these questions and payment cannot be highlighted on your bank statement please provide other evidence e.g. maintenance receipt, pension statement, student grant/loan award letter etc.
- ▶ If you declare rental income to HM Revenue and Customs, part of your income is considered to be business related. You need to complete the relevant forms (see pages 6&7).

## Income - other money continued

3. Does anyone else give you or your partner any financial help?

**B3**

- This might be someone (for example, a person, company or other body) paying your bills (including monthly credit card payments), school fees or someone allowing use of other assets/money, for example Trust Funds. You should include details of all assistance including loans. If you received support in the past but this has now stopped, please tick 'Yes' and provide details below.

{ FORMCHECKBOX } No: please go to Outgoings  
please give the details below  
Section (below).

{ FORMCHECKBOX } Yes:

Company or person	Type of support received	What has this been worth to you in each of the last 3 years? Starting with the last 12 months.		
		{ FORMTE 1. }	{ FORMTE 2. }	{ FORMTE 3. }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTE 1. }	{ FORMTE 2. }	{ FORMTE 3. }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTE 1. }	{ FORMTE 2. }	{ FORMTE 3. }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTE 1. }	{ FORMTE 2. }	{ FORMTE 3. }

- The financial resources of someone providing you or your partner with financial support may also be relevant to your application. Further information may be requested, including completion of a CIVMEANS 1 by the relevant individual/person.

## Outgoings

**B4**

### Other people

1. Give details of everyone who lives in your home other than you and your partner. Include your children and any other adults (even if they are not related).

Full name	Date of birth	Relationship to you	Do they work full time?		In full time education?		If in F/T education amount of any loan/grant received?
			Yes	No	Yes	No	
			{ FO R M CH EC KB OX	{ FO R M CH EC KB OX	{ FO RM CH EC KB OX	{ FO RM CH EC KB OX	
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ }	{ }	{ }	{ }	£ { FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ }	{ }	{ }	{ }	£ { FORMTEXT }

	FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	FORMTEXT }	FO R M CH EC KB OX }	FO R M CH EC KB OX }	FO RM CH EC KB OX }	FO RM CH EC KB OX }	
			{ FO R M CH EC KB OX }	{ FO R M CH EC KB OX }	{ FO RM CH EC KB OX }	{ FO RM CH EC KB OX }	
{ FORMTEXT }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	{ FORMTEXT }	{ FO R M CH EC KB OX }	{ FO R M CH EC KB OX }	{ FO RM CH EC KB OX }	{ FO RM CH EC KB OX }	£ { FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	{ FORMTEXT }	{ FO R M CH EC KB OX }	{ FO R M CH EC KB OX }	{ FO RM CH EC KB OX }	{ FO RM CH EC KB OX }	£ { FORMTEXT }

**Outgoings continued**

2. Do you or your partner pay any maintenance for someone who does not live with you?

**B5**Yes { FORMCHECKBOX } please give details below.  
please go to question 3

No { FORMCHECKBOX }

Full name.	Their relationship to you or your partner.	Who pays	How much is paid?	How often?
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

- Please highlight these payments on your bank statements. If the payments do not show on your bank statements, you will need to send some other evidence showing recent payments (e.g. receipts).

**Living costs - housing****B6**

If you/your partner are self employed and your home is your business address, do not include costs paid through the business accounts.

3. Do you or your partner own or have a financial interest in the property you live in?

{ FORMCHECKBOX } No: please go to question 8 on page 11      { FORMCHECKBOX }  
Yes: please tell us

The current market value of the property you live in: £{ FORMTEXT }

Please tick the box which applies to you or your partner:

{ FORMCHECKBOX } The property is held in my or my partner's sole name. Please state who holds the legal title:

{ FORMCHECKBOX } The property is held in our joint names. I own { FORMTEXT }% My partner owns { FORMTEXT }%

{ FORMCHECKBOX } I have a charge on the property to secure my financial interest.  
The current value of your charge £{ FORMTEXT }

- Please do not include here any details relating to property held by the opponent in the proceedings



4. How much do you or your partner actually pay for the mortgage, including any endowment policies linked to the mortgage?

£FORMTEXT per month

Who pays it?

{ FORMCHECKBOX }

you { FORMCHECKBOX } your partner

## **Living costs – housing continued**

5. What is the amount outstanding on any mortgage or loans secured on the house you live in?

Are there any endowment policies linked to this mortgage? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

£{ FORMTEXT }

- Please highlight your mortgage payments on your bank statements. If they do not show on your bank statements you will need to provide some other evidence showing recent payments (e.g. mortgage statements).

6. Please tell us whether the property is

{ FORMCHECKBOX } Detached { FORMCHECKBOX } Semi-detached { FORMCHECKBOX } Terraced { FORMCHECKBOX } Bungalow { FORMCHECKBOX } Flat/Maisonette

7. Number of bedrooms in the property { FORMTEXT }

8. Do you or your partner pay rent for the place where you live?

{ FORMCHECKBOX } No: please go to question 9 { FORMCHECKBOX } Yes: please answer the questions below about your rent.

How much is the rent that your landlord charges? £{ FORMTEXT } every { FORMTEXT }

Who pays it? { FORMCHECKBOX } you { FORMCHECKBOX } your partner

Do you or your partner receive housing benefit? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If yes, how much do you or your partner receive? £{ FORMTEXT } every { FORMTEXT }

- Please provide evidence of your housing benefit award.

Do you pay anything toward your rent in addition to your housing benefit?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If yes, how much do you or your partner pay? £{ FORMTEXT } every { FORMTEXT }

- Please highlight your rent payments on your bank statements. If they do not show on your bank statements you will need to provide some other evidence (e.g. rent account statement).

9. Do you or your partner pay for your board and lodgings at the place where you live?

{ FORMCHECKBOX } No: please go to page 12

{ FORMCHECKBOX } Yes: please tell us how much you or your partner pay and how often

£{ FORMTEXT } every { FORMTEXT } Who pays it? { FORMCHECKBOX } you { FORMCHECKBOX } your partner

How much of the above is for food, utilities and other incidentals? £{ FORMTEXT }

- Please highlight payments on your bank statement. If you have a formal lodging agreement please provide a copy.

10. Please tell us about the person you pay lodgings to:

Name { FORMTEXT }      Relationship { FORMTEXT }

- If you or your partner own or have an interest in another property, please put the details on page 13 question 4.

**Capital and other assets.**

C1

1. Do you or your partner have any of the following:-

C2

	Yes	No
Bank current accounts	{ FORMCHECKB OX }	{ FORMCHECKB OX }
Bank savings accounts	{ FORMCHECKB OX }	{ FORMCHECKB OX }
Building Society accounts	{ FORMCHECKB OX }	{ FORMCHECKB OX }
ISAs	{ FORMCHECKB OX }	{ FORMCHECKB OX }
National Savings/Post Office Accounts	{ FORMCHECKB OX }	{ FORMCHECKB OX }
Other accounts	{ FORMCHECKB OX }	{ FORMCHECKB OX }
Cash at home	{ FORMCHECKB OX }	{ FORMCHECKB OX }

If YES to any of the above, please give details below:-

Bank/Building Society name	Name of account holder	Account number	Type of account e.g. current, deposit, ISA	Current balance	{ F O R M C H E C K B O X } { F O R M C H
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT £ }	
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT £ }	

					E C K B O X } { F O R M C H E C K B O X } { F O R M C H E C K B O X }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT } £ { FORMTEXT }	E C K B O X } { F O R M C H E C K B O X } { F O R M C H E C K B O X }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT } £ { FORMTEXT }	E C K B O X } { F O R M C H E C K B O X } { F O R M C H E C K B O X }

► Please indicate into which account your wages, benefits or tax credits are paid by ticking the box at the end of the row.

► Please provide statements covering the last 3 months to date, for each bank/building society/other financial account held. The statements must be originals, photocopies certified by a solicitor or internet banking printouts (for "paperless" e-accounts) that show the name and account number.

C3

2. Do you or your partner have any of the following:-

	Yes	No	Current value
National Savings Certificates	{ FORMCHECKBOX }	{ FORMCHECKBOX }	£ { FORMTEXT }
Premium Bonds	{ FORMCHECKBOX }	{ FORMCHECKBOX }	£ { FORMTEXT }
Capital Bonds	{ FORMCHECKBOX }	{ FORMCHECKBOX }	£ { FORMTEXT }

Stocks or Shares	{ FORMCHECKB OX }	{ FORMCHECKB OX }	£{ FORMTEXT }
Any other type of savings	{ FORMCHECKB OX }	{ FORMCHECKB OX }	£{ FORMTEXT }

► If you receive any income from these investments you must complete Q2 on page 8 of this form.

► Please provide evidence for all investments shown above e.g. share certificates etc.

**Capital and other assets continued**

3. Do you have any valuable possessions (valued greater or equal to £500) e.g. jewellery, antiques, paintings, collectable items, horses or boats?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please give details below:-

What these items are	The sale value of these items
{ FORMTEXT }	£ { FORMTEXT }
{ FORMTEXT }	£ { FORMTEXT }
{ FORMTEXT }	£ { FORMTEXT }

4. Do you or your partner own or have a financial interest in any property, land or timeshare other than where you live now?

C4

► Tick yes to this question if you retain an interest in a former matrimonial home but now live elsewhere.

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please give details below:-

Its address	Market value	Amount of any mortgage or loan	How do you use the property e.g. rent it out or live in it part time?	What share do you or your partner own?
{ FORMTEXT }	{ FORMTEXT } £ T }	{ FORMTEXT } £ }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }			{ FORMTEXT }	
{ FORMTEXT }	{ FORMTEXT } £ T }	{ FORMTEXT } £ }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }			{ FORMTEXT }	

► If you receive rental income from any of these properties you need to complete Q2 on page 8 of this form.

**Capital and other assets continued**

5. Do you or your partner have any life assurance or endowment policies that are not linked to a mortgage? Do not include policies that only pay out on death.

**C5**

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please give details below:-

When was the policy taken out?	What is the loan value?	What is the surrender value?
{ FORMTEXT }	£ { FORMTEXT }	£ { FORMTEXT }
{ FORMTEXT }	£ { FORMTEXT }	£ { FORMTEXT }
{ FORMTEXT }	£ { FORMTEXT }	£ { FORMTEXT }

► All endowment policies have a surrender value and a value that the company will loan against the policy. You will need to contact your policy provider for these values.

6. Do you or your partner have the use of a car or any other vehicle owned by someone else?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please give details below:-

Who owns the car?	Their relationship to you?
{ FORMTEXT }	{ FORMTEXT }

7. Do you or your partner own a car or any other vehicle?  
FORMCHECKBOX }

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please give details below:-

**C6**

Make and model	Registration number	Purchase price	Loan outstanding	Date of purchase { FORMTEXT }/ { FORMTEXT }/ { FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	£ { FORMTEXT }	£ { FORMTEXT }	{ FORMTEXT }/ { FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	£ { FORMTEXT }	£ { FORMTEXT }	{ FORMTEXT }/ { FORMTEXT }



				FORMTEXT }
				{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	£ { FORMTEXT }	£ { FORMTEXT }	

**Capital and other assets continued**

8. Are you or your partner owed any money?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

9. Have you or your partner received or are you likely to receive anything from a will of someone who has died, or from a trust fund?

C7

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

10. Have you or your partner transferred, sold, or given any money, property or possessions to anybody else (including any company or body) since you became aware that these proceedings were likely to take place?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

11. Have you made any purchases or paid out any sum of money, over £2,500, in the last 12 months?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

12. Do you or your partner have any other capital or other assets which have not been included in this section?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If you have answered YES to any of the above questions please give full details below:-

{ FORMTEXT }

13. Are you or your partner subject to a bankruptcy order?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

► If YES, please attach a copy of the order and latest schedule of assets and liabilities. This will speed up the process of your application.

14. Do you or your partner have any income, capital or assets which are subject to a freezing order so that you cannot use them?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

► If YES, please attach a copy of the order. This will speed up the process of your application.

### **Capital and other assets continued**

15. Has an application been made to apply (or reapply) to discharge or vary the freezing order?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please provide a copy of the application and amended order as applicable.

16. Use this section to tell us anything we need to know that is not already on this form such as any likely changes.

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If YES, please provide details below:-

{ FORMTEXT }

### **About your case - What is the dispute about?**

C8

Please consult your solicitor before answering these questions.

Please list any property, assets or possessions you or your opponent have made a claim to in your case.

- Please include the address of any property and specific details of any other assets in dispute. We do not take account of property in dispute at the beginning of the case, where your interest in these assets does not exceed £100,000, but if you win or keep it, we may take the costs of your case out of it, with interest.

{ FORMTEXT }

## Insurance

1. Do you have contents / building / motor / other insurance?

Yes { FORMCHECKBOX } please go to question 2  
please go to next section

No { FORMCHECKBOX }

2. Does the policy include insurance in relation to legal fees?

Yes { FORMCHECKBOX }

No { FORMCHECKBOX }

If YES, please provide details:

{ FORMTEXT }

If you are not sure whether your policy covers legal fees, please refer it to your solicitor for checking.

## Extra information not provided earlier in this form

D1

- Use this space to include information not provided elsewhere e.g. names and addresses of employers.
- If you know of an event that will change your financial circumstances in the next 12 months we need to know the date of that event and how it will change your circumstances. This might be that you are going to have a baby (we will need to know the expected date of birth) or that you will retire, or that you know that you will be starting a new job.

{ FORMTEXT }

- If you or your partner pay a contribution from your income towards a criminal legal aid case please give details below:-

Amount paid £{ FORMTEXT } per month. Date of first payment { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }

Date of final payment (if known) { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }

**NB: Legal Aid is not always free and you may have to pay back your legal costs**

**Authority by partner or Relevant Individual/Person providing financial support**

- ▶ If you have a partner whose details have been completed on this form then they must sign the authority below.
- ▶ If you have been asked to complete this form as a relevant individual/person providing financial support to the legal aid applicant, please sign the authority below
- ▶ If you are applying for legal aid on behalf of someone else, please go directly to the following section 'Declaration and authority by applicant'.
  - This is a true statement of all my income and assets in the UK and abroad.
  - I agree to the Legal Aid Agency checking these facts with others such as credit reference agencies, the Department of Work and Pensions and HM Revenue and Customs and I authorise those people/organisations to provide the information they are asked for.

Signed: \_\_\_\_\_ Date: { FORMTEXT }  
{ FORMTEXT } { FORMTEXT }

Full name (in block capitals): { FORMTEXT }

**A: Declaration and authority by applicant**

- ▶ If you are a solicitor acting for a child or are a professional guardian ad litem appointed by the court, do not sign this declaration. Sign declaration B overleaf.

Please check that you have answered all the questions, as we will not be able to consider your application if you do not provide all the information needed. Please read each of the following statements carefully.

This is a true statement of all my and my partner's income and assets in the UK and abroad. I understand that if I tell you anything untrue in this form, or the documents I send with it, or leave anything out:

- I may be prosecuted.
- The Legal Aid Agency may take away my legal aid so I have to pay all my legal fees.

Signature.....

I agree to the Legal Aid Agency checking these facts with others such as credit reference agencies, the Department of Work and Pensions and HM Revenue and Customs and I authorise those people/organisations to provide the information they are asked for.

I will:

- Provide more evidence if the Legal Aid Agency ask.
- Tell the Legal Aid Agency if anything I have said here changes.

Signature.....

I understand:

- Legal aid is not always free. I may have to pay a contribution towards my legal costs from my income and / or capital. My legal aid may be withdrawn if I fall in arrears of payment.
- The statutory charge may arise if I keep or gain money or assets as a result of my case.
- This means that I may have to pay back my legal costs at the end of my case from money or assets kept or gained, or costs awarded in my favour.
- The Legal Aid Agency may register an interest bearing charge against my property.
- The more work my solicitor does, the more I may have to pay back.

Signature.....

FORMTEXT } { FORMTEXT }

Date: { FORMTEXT } { FORMTEXT }

Full name (in block capitals): { FORMTEXT }

Please give this form to your solicitor.

**B: Declaration and authority**  
**Professional guardian ad litem/or solicitor acting for a child**

If you are completing this form on behalf of someone else for example as a litigation friend, or Guardian Ad Litem please fill in the following giving your details

Surname: { FORMTEXT } First Names: { FORMTEXT }

Address: { FORMTEXT }

{ FORMTEXT }

Postcode { FORMTEXT } Telephone number: { FORMTEXT }

Please ensure that you have completed this form giving details of the person you are applying for.

I declare that as far as I know, the information I have given is true, based upon the reasonable enquiries which I have been able to make, exercising due care and diligence.

Signed: \_\_\_\_\_ Date: { FORMTEXT }/{ FORMTEXT }  
{ FORMTEXT }  
(professional guardian ad litem/solicitor)

**Privacy notice - access to personal data**

Personal data relates to a living individual who can be identified from that data. The processing of personal data is governed by the Data Protection Act 1998 (DPA), under which the Ministry of Justice (MoJ) is registered as a data controller. The Legal Aid Agency is an executive agency within the MoJ. The Legal Aid Agency processes personal data in order to provide legal aid services.

The MoJ complies with its obligations under the DPA by keeping the personal data we hold up to date; storing and destroying it securely; by not collecting or retaining excessive amounts of data; protecting personal data from loss, misuse, authorised access and disclosure; and ensuring that appropriate technical measures are in place to protect the personal data we process in line with Her Majesty's Government standards.

You have the right to request details about the personal information we hold about you; and subsequently request that we correct any personal information if it is found to be inaccurate or out of date.

In order to fulfil its functions the MoJ may share personal data with other organisations. These organisations include other government departments, local authorities and private or voluntary sector organisations engaged to deliver services. Personal data is only shared outside the MoJ when the law allows.

To request a copy of your personal information please refer to the MoJ website for further details on how you may do this.

## Evidence Checklist

All financial assessment forms must be sent to the LAA with supporting evidence for the circumstances declared. Please use the following checklist to ensure you submit the correct information with the CIVMEANS1.

If the correct information is not enclosed it could lead to rejection of the application or delays while we request further evidence in support of the means assessment.

### Page 3 Income - Employment

{ FORMCHECKBOX } Wage slips - if the client and/or their partner is employed send the following from each employer:

- Paid monthly - last three wage slips.
- Paid weekly or fortnightly - last six wage slips.

The wage slips must be originals or photocopies certified by a solicitor. If they are unable to send wage slips each employer can fill out an L17 form for each job.

{ FORMCHECKBOX } Child care costs - if the client and/or their partner are paying child care costs and these can't

be highlighted clearly on a bank statement, please submit evidence to show payments eg. recent receipts.

### Page 4 Income - Benefit in Kind

{ FORMCHECKBOX } If the client and/or their partner is in receipt of any benefits from work that are not money eg.

company car, please provide tax form P11D (benefits in kind).

### Page 5 Income - State Benefits and Tax Credits

{ FORMCHECKBOX } If the client and/or their partner is in receipt of tax credits or a state benefit, and these can't easily

be highlighted on a bank statement, it may speed up processing of the application if evidence is provided of entitlement eg. recent notification letter (no more than 6 months old).

### Page 6 Self employment, partnerships and directorships

{ FORMCHECKBOX } If the client and/or their partner is self employed please send:

- their latest trading accounts
- their latest HMRC income tax calculations
- bank statements for any account for which they are an authorised signatory

Form CIVMEANS1A must be completed for each trade, profession or vocation with which the client is involved and must be attached to the CIVMEANS1 form.

If the client and/or their partner is a Partner in a business, a supplementary form CIVMEANS1B must be completed for each partnership they are involved in.

If the client and/or their partner is a shareholder in a private limited company and/or company director, the company accountant needs to complete a supplementary form CIVMEANS1C for each directorship held.

### Page 8 Income - other money

{ FORMCHECKBOX } Maintenance payments - if the client and/or their partner is receiving maintenance payments and

these can't be highlighted clearly on a bank statement, please submit other evidence in support eg. recent receipt.

{ FORMCHECKBOX } If the client and/or their partner has answered 'yes' to any part of question 2,



and the details

aren't evidenced within their bank statements, please submit evidence in support of the figures declared eg. copy of student grant award letter, receipts etc.

## Evidence Checklist continued

### Page 10 Outgoings

{ FORMCHECKBOX } Maintenance payments - if the client and/or their partner is making maintenance payments and these can't be highlighted clearly on a bank statement, please submit other evidence in support eg. recent receipts.

### Page 10/11 Living costs - housing

{ FORMCHECKBOX } Rent/mortgage payments - if the client and/or their partner are making payments for rent or mortgage and these can't be highlighted clearly on a bank statement, please submit other evidence in support eg. rent account statement, receipts, mortgage statement.

{ FORMCHECKBOX } If the client and/or their partner is in receipt of housing benefit, please submit a copy of their housing benefit award.

{ FORMCHECKBOX } If the client and/or their partner has a formal lodging agreement, please submit a copy.

### Page 12 Capital and other assets

{ FORMCHECKBOX } Bank statements - please ensure you send three months statements for all bank/building society/ other financial accounts held in the client and/or their partner's name. These need to be for the three consecutive months prior to the date of submission of the application. The statements must be originals, photocopies certified by a solicitor or internet banking printouts (for "paperless" e-accounts) that show the name and account number.

{ FORMCHECKBOX } If the client and/or their partner have investments, please send copies of the certificates they Hold for them.

### Pages 15 & 16 Capital and other assets

{ FORMCHECKBOX } Where the client and/or their partner has answered 'yes' to any of questions 8 to 12, please ensure that full details are provided in the space available on page 15.

{ FORMCHECKBOX } Bankruptcy order - please ensure you submit a copy of the Bankruptcy order and latest schedule of assets and liabilities /statement of affairs.

{ FORMCHECKBOX } Freezing order - please ensure you submit a copy of the Order, copy of application to vary order and amended order as appropriate

### Page 18 Declaration

{ FORMCHECKBOX } Has the form been signed and dated? All signatures must be original.

{ FORMCHECKBOX } Have all of the questions been answered? Answers such as 'not known' will not be accepted when asked for full amounts and dates must be given. The form will be rejected if any questions are missed.

## For official use only

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		HECKBOX }		ECKBOX }		HECKBOX }		ECKBOX }		{ F O R M C H E C K B O X }
EX	school	{ FORMC HECKB OX }	2nd prop	{ FORMCH ECKBOX }	mort	{ FORMC HECKB OX }	trust	{ FORMCH ECKBOX }	Share	
AW	highp	{ FORMC HECKB OX }	mrva	{ FORMCH ECKBOX }	smod100k	{ FORMC HECKB OX }				
CID	rvk	{ FORMC HECKB OX }	cost	{ FORMCH ECKBOX }	ndi	{ FORMC HECKB OX }				
ANALYSIS	HR	{ FORMC HECKB OX }	LR	{ FORMCH ECKBOX }						
BF Date		{ FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }								