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| |  |  |  | | --- | --- | --- | | G:\Full Access\Office\Communications\Brand\Rebrand\New assets\Advocate_Master_logos\Advocate_Logo\JPG\Advocate_logo_RGB.jpg | **Individual Application Form** | **Office use only** | | **Date Received:**  **Case Number:** | | **Postal Address:** Advocate, IDRC, 1 paternoster Square, London, EC4M 7BQ  **Email:** [enquiries@weareadvocate.org.uk](mailto:enquiries@weareadvocate.org.uk)  **Tel:** **020 4518 6141** (voicemail only, we will return your message within a few days) | |   Registered Charity No. 1057620 and Company Limited by Guarantee No. 3237309.  Advocate is the operating name of the Bar Pro Bono Unit. |

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| **Introductory notes** | | | | | | | |
| We can only help if you cannot get public funding and cannot afford to pay privately.  Any hearing date or deadline must be **more than three weeks away** (unless there are exceptional circumstances).  In most cases, we can only help where an individual piece of work will take **3 days or less** including preparation time for a barrister.  Unfortunately, we cannot guarantee to help and **conduct of your case remains your responsibility at all times.** | | | | | | | |
| **How to apply** | | | | | | | |
| Where possible, please submit your application for assistance to us by email by sending your completed form and scanned documents to: [enquiries@weareadvocate.org.uk](mailto:enquiries@weareadvocate.org.uk). To find out more information about our application process and eligibility criteria, please visit www.weareadvocate.org.uk/eligibility where you can also apply online.  If you are unable to send your application form by email or apply online, please return your form and documents via Royal Mail tracked post to: 2nd Floor, Lincoln House, 296-302 High Holborn, London WC1V 7JH   **(Please note: we cannot see visitors at our office without prior arrangement)**   We need a clear description of your problem and enough documents to be able to make a decision about whether we can help.  Please ensure you include the following documents with your application:  Your most recent three months’ bank statements  Proof of any benefits that you receive   Proof that you cannot obtain Legal Aid (check via <https://www.gov.uk/legal-aid> or by calling 0845 345 4345)  Court / tribunal papers, including court orders and judgments and witness statement  Letters or opinions from solicitors, barristers or advisers giving advice about the case  Key correspondence with any other people involved, or their solicitors  If needing help with an appeal, a copy of the judgment being appealed  If needing help on a contract or formal document, a full copy of it  Where possible, please send photocopies rather than your original documents. Your local library may have photocopying facilities available.  We recommend that you ask a referral agency for help to complete the form, such as:  **Support Through Court**: [www.supportthroughcourt.org](http://www.supportthroughcourt.org) or 0300 081 0006  **Citizen's Advice**: www.citizensadvice.org.uk/contact-us or (England) 0800 144 8848 (Wales) 0800 702 2020  **Law Centre:** [www.lawcentres.org.uk/i-am-looking-for-advice](http://www.lawcentres.org.uk/i-am-looking-for-advice)  We aim to acknowledge applications with seven working days and to return any documents that you send us with your application within three weeks of receipt. | | | | | | | |
| **Section 1: Your details** | | | | | | | |
| Title: First name: Surname: | | | | | | | |
| Address:    Post Code: | | | | | | | |
| **Contacting you**  Telephone number: Landline: Mobile:  Email:  *Please note, email is our preferred form of communication. If you do not have access to email or would prefer us to write to you with updates about your case, please tick here* | | | | | | | |
| **Section 2: Other help you have applied for or received** | | | | | | | |
| **1. Have you made any other applications for assistance to any other free legal agencies?** Yes  No | | | | | | | |
| If yes, please specify which organisation(s) you have applied to together with details of the date and their response (please continue on a separate sheet if necessary)  : | | | | | | | |
| **Please note:** The Data Protection Notice at the end of this form states, among other things, that signing this form means you consent to us contacting other free advice organisations about your case, where appropriate. | | | | | | | |
| **2. Are you currently receiving, or have you previously received, help from any other advice agency / solicitor / charity or union not already mentioned on this form?**  Yes  No | | | | | | | |
| If yes, please give details below of all who have been involved in the case. Continue on a separate sheet if necessary. | | | | | | | |
| **Organisation name:** | | | | | | | |
| **Contact name:** | | | | | | | |
| **Address:** | | | | | | | |
| **Postcode:** | | | | | | | |
| **DX:** | | | | | | | |
| **Direct line:** | | | | | | | |
| **Email:** | | | | | | | |
| **Dates of involvement:**  From:    To: | | | | | | | |
| **On what basis did they assist you?** *Please tick below* | | | | | | | |
| Voluntary or Pro Bono (free) | | |  | Conditional fee (No win no fee) (please provide a copy of the agreement) | | |  |
| Publicly funded/legal help (please provide a copy of the agreement) | | |  | Other (please state on which basis) | | |  |
| Privately (please provide a copy of the agreement) | | |  |  | | |  |
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| **Section 3: Courts and tribunals** | | | | | | | |
| **1. Is a court or tribunal involved in your case** Yes  No | | | | | | | |
|  | Name of court or tribunal: | | | | |  | |
|  | Forthcoming hearing date: | | | | |  | |
|  | Hearing length: | | | | |  | |
| *Please continue on a separate page if necessary* | | | | | | | |
| **2.** **Do you have deadlines relating to your case?** *If so, please specify the date(s) and what is required by the deadline* | | | | | | | |
| **Section 4: Details of any other party (if there is more than one, please continue on a separate sheet)** | | | | | | | |
| **Name of other party:**  **Name of solicitor's firm:** | | | | | | | |
| **Contact person:** | | | | | | | |
| **Organisation:** | | | | | | | |
| **Address:** | | | | | | | |
| **Telephone:** | | | | | | | |
| **Email:** | | | | | | | |
| *If there is more than one party, please provide full details on a separate sheet. It is not unusual for us to be approached for assistance by both sides in a case. If so, for confidentiality reasons you will not be notified, but the requests will be dealt with by different caseworkers.* | | | | | | | |
| **Section 5: How can we help you?** | | | | | | | |
| **What help do you need from Advocate?** | | | | | | | |
| Select below as appropriate: | | | | | | | |
| Advice | | Drafting of documents | | | Representation at court/tribunal hearing | | |
| **Section 6: Case summary** | | | | | | | |
| **Please give us a brief summary of your case including:**   * What you want us to help with * A list of key dates/events up to the present in the order they happened * Details of any past court hearings   **This is a very important section**. **It is not enough just to write ‘please see attached papers’. Please note that not completing this section will delay your application with us.**  *Continue on a separate sheet if necessary.* | | | | | | | |
| Section 6: Case summary (continued) | | | | | | | |

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| **Financial information** | | | | | | | | | | | | | | |
| **Please complete every section fully. If any section does not apply, please write ‘N/A’ (not applicable) or ‘0’. *Incomplete sections will delay your application*** | | | | | | | | | | | | | | |
| **Section 7: Public funding (Government Legal Aid)** | | | | | | | | | | | | | | |
| **Are you eligible for public funding?** Yes  No | | | | | | | | | | | | | | |
| If you are not eligible, please explain why and provide copies of any decisions from the Legal Aid Agency declining funding.  To find out if you are eligible, visit <https://www.gov.uk/check-legal-aid> or call Civil Legal Advice 0845 345 4345 | | | | | | | | | | | | | | |
| Has public funding previously been available in the case? Yes  (give details below) No | | | | | | | | | | | | | | |
| Dates: | | | | | | | | | | | | | | |
| From | |  | | | | To | |  | | | | | | |
| Why was it withdrawn? (Please give reasons) | | | | | | | | | | | | | | |
| **Section 8: Other resources** | | | | | | | | | | | | | | |
| Are you a member of a trade union of similar organisation (e.g. medical defence organisation) | | | | | | | | | | Yes  No | | | | |
| Do you have legal expenses insurance (this includes any provisions included in home and contents insurance)? *If so please supply a copy.* | | | | | | | | | | Yes  No | | | | |
| **Section 9: Benefits** | | | | | | | | | | | | | | |
| **Do you receive any of the benefits listed below?**  *Please tick all that apply and give the monthly amount* | | | | | | | | | | Yes  No | | | | |
| ☐ | Pension Credit | | £ |  | (monthly) | ☐ | Housing Benefit | | | | | £ |  | (monthly) |
| ☐ | Universal Credit | | £ |  | (monthly) | ☐ | Income Support | | | | | £ |  | (monthly) |
| ☐ | Jobseekers Allowance | | £ |  | (monthly) | ☐ | Disability Living Allowance | | | | | £ |  | (monthly) |
| ☐ | Other | | £ |  | (monthly) | ☐ | Other | | | | | £ |  | (monthly) |
| **Do you have current proof of benefits received?** *If yes, please specify what proof you have below and provide a copy*  Yes  No | | | | | | | | | | | | | | |
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| For the questions below, please give all relevant financial details in the boxes provided, **including those for any family members who can help you**. Continue on a separate sheet if necessary. Please put ‘0’ where applicable. | | | | | | | | | | | | | | |
| **Section 10: Savings, investments and other major assets** | | | | | | | | | | | | | | |
| Please give details of any savings, investments and other major assets you or your partner have, including money in deposit accounts, shares owned, cars and other significant assets etc. | | | | | | | | | | | | | | |
| **Type of saving, investment, or asset** | | | | | | **Value (£)** | | | | | | | | |
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| **Section 11: Debts** | | | | | | | | | | | | | | |
| Give details of any outstanding debts, including the amount owed. Set out those debts for which you are currently making repayments and those where you are not currently making repayments. | | | | | | | | | | | | | | |
| **Creditor** | | | | | | **Sum still owed (£)** | | | **Monthly repayment if any (£)** | | | | | |
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| **Section 12: Property** | | | | | | | | | | | | | | |
| **Do you or your partner own any property?** *If yes, please list each property below and continue on a separate sheet if necessary.* | | | | | | | | | | Yes  No | | | | |
| **Address of property** *(if not your own home, please give further details)* | | | | | | **Approximate current market value (£)** | | | | | **Mortgage outstanding (£)** | | | |
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| **Monthly income** | **£** |  | **Monthly expenditure** | **£** |
| Salary (net) |  |  | Rent |  |
| ­Bonuses |  |  | Mortgage |  |
| Partner’s salary |  |  | Council Tax |  |
| Income from savings/investments |  |  | Household bills |  |
| Maintenance |  |  | Food/clothing |  |
| Benefits |  |  | Transport |  |
| Rental Income |  |  | Loan repayments |  |
| Other (please specify) |  |  | Credit cards / hire purchase |  |
| **Total monthly income** |  |  | Leisure |  |
| **Household information** | |  | Other (please specify) |  |
| Number of children in your home |  |  |
| Number of adults in your home  (over 18yrs) |  |  | **Total monthly expenditure** |  |

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| **Section 13: Further information** | | | |
| Please set out below any further information about why you cannot pay for legal help (if applicable) | | | |
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| Section 14: Our approach to your personal data | | | |
| You have sent your personal (and possibly sensitive) data to Advocate so that we can assess your case and, if eligible, try to find a volunteer barrister to give you legal help. The legal basis we use for processing your data is your consent.  Processing may include:   * Administration of your application and papers by Advocate staff and volunteers including volunteer barristers, solicitors, other types of lawyers and trustees. * Your data may be seen by third parties such as advice agencies, voluntary organisations, legal advisers and other technical support organisations who may help Advocate to deliver our services.   Your consent to the above activities can be withdrawn at any time by contacting Advocate by sending an email to: [consent@weareadvocate.org.uk](mailto:consent@weareadvocate.org.uk) or by writing to us at: Data Protection Officer, Advocate, Advocate, IDRC, 1 paternoster Square, London, EC4M 7BQ  Full information about how we process your personal information can be found in our [Applicant Privacy Notice](https://weareadvocate.org.uk/privacy.html) at [www.weareadvocate.org.uk/privacy](http://www.weareadvocate.org.uk/privacy.html) (a copy of this notice is available upon request). | | | |
| **Section 15: Consent for Advocate to process your personal data and statement of truth** | | | |
| I certify that the information in this application is to the best of my knowledge true, accurate and complete, and understand that any decision to refer a case to a volunteer barrister for assistance is taken on that basis I understand that assistance is not guaranteed at any stage. | | | |
| Signature: |  | Date: |  |
| Name (block capitals): | | | |
| If not the applicant, relationship to the applicant: | | | |