



# Individual Application Form

Office use only

Advocate The National Pro Bono Centre, 48 Chancery Lane, London, WC2A 1JF DX 188 London Chancery Lane Email: enquiries@weareadvocate.org.uk; Tel: 020 7092 3960 (Mon, Wed & Fri 10:30 – 2:00pm)

## Introductory Notes

We can only assist if public funding cannot be obtained and you cannot pay privately. We need a minimum of 3 weeks' notice of any hearing date or deadline from the date all information needed is received (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. Our assistance is not guaranteed and the conduct of the case remains your responsibility at all times.

## How to Apply

- 1. All applications must be made through a referrer such as a lawyer, MP or advice agency (Citizens Advice Bureau or Law Centre).
2. Applications must be submitted in hard copy, by post or DX. We do not accept applications by fax or email, due to our limited resources.

Please ensure you include the following documents including emails with your application:

- Court / tribunal papers, including court orders and judgments and witness statements
• Letters or opinions from solicitors, barristers or advisers giving advice about the case
• Key correspondence with any other person(s) involved, or their solicitors
• If seeking help with an appeal, a copy of the judgment being appealed
• If seeking help about a contract or formal document, a full copy of the contract / document

Please send photocopies (not original documents), as we cannot accept any responsibility for original documents.

Specific lists of key documents to be provided with applications for assistance in criminal, planning, family (children and Financial Relief), employment and immigration matters are available on our website.

We need sufficient documents in order to make a decision as to whether we can assist. If there are more than 100 pages of papers, please select what seems the most important and provide a summary of what other documents exist.

We aim to acknowledge all applications with 7 working days. Please put your documents in date order and provide a list of them at the front.

PLEASE NOTE: Any documents supplied will be destroyed 8 weeks after your file is closed, unless alternative arrangements are made. You can request the return of your documents by DX or by post but we must receive the full cost of postage in order to receive the documents.

## Please ensure you write clearly

## Section 1: Your details

Title: First name: Surname:

Address:

Contact Telephone Numbers:

Email:

Please note, email is the preferred form of communication so please check your spam folder if you have one.

### Section 2: Referrer details

This section must be completed by the referrer

**Organisation name:**

**Address:**

**Postcode:**

**DX:**

**Email:**

**Direct Line:**

(this will **not** be made available to the client)

**Contact name:**

**Contact position:**

**Signature:**

**Date:**

**How do you intend to assist the applicant?**

Ongoing assistance (including corresponding and negotiating with other parties)

Help with filling in the application form only

**On what basis are you assisting the applicant?**

(e.g. pro bono, public funding, conditional/contingency fee (please provide a copy of the agreement) voluntary/charitable organisation, privately funded)

### Section 3: Other Assistance You have Applied For Or Received

**1. Have you made any other applications for pro bono assistance?** Yes  No

If yes, please specify which organisation(s) you have applied to together with details of the date of the approach, and what the response was (please continue on a separate sheet if necessary):

**Please note:** The Data Protection Notice at the end of this form states, amongst other things, that in signing this form you consent to us contacting other free advice organisations regarding your case, where it is appropriate.

### Section 3: Other Assistance (cont.)

**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:**

<b>DX:</b>				
<b>Direct line:</b>				
<b>Email:</b>				
<b>Dates of involvement:</b>				
From	To			
<b>On what basis did they assist you? Please tick below</b>				
Voluntary	<input type="checkbox"/> Pro bono (free) <input type="checkbox"/>			
Publicly funded/legal help (please provide a copy of the agreement)	<input type="checkbox"/> Conditional Fee (No win no fee) (please provide a copy of the agreement) <input type="checkbox"/>			
Privately (please provide a copy of the agreement)	<input type="checkbox"/> Other... <input type="checkbox"/>			
<b>Section 4: Courts and tribunals</b>				
<b>1. Is a court or tribunal involved in your case</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<table border="1"> <tr> <td>Name of court or tribunal:</td> </tr> <tr> <td>Forthcoming Hearing date:</td> </tr> <tr> <td>Hearing length:</td> </tr> </table>		Name of court or tribunal:	Forthcoming Hearing date:	Hearing length:
Name of court or tribunal:				
Forthcoming Hearing date:				
Hearing length:				
Please continue on a separate page if necessary				
<b>2. Do you have deadlines relating to your case?</b> If so, please specify the date(s) and what is required by a deadline				
<b>Section 5: Details of the other party (if there is more than one party please provide more information on a separate sheet)</b>				
Name of Other Party:				
Details of their solicitor				
<b>Contact person:</b>				
<b>Organisation:</b>				
<b>Address:</b>				
<b>Telephone:</b>				
<b>Email:</b>				
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 will not be notified, but the requests will be dealt with by different caseworkers.				
<b>Section 6: How can we help you?</b>				
<b>What assistance do you seek from Advocate?</b>				
Tick below as appropriate				
Advice <input type="checkbox"/>	Drafting of documents <input type="checkbox"/>			
	Representation at court/tribunal hearing <input type="checkbox"/>			
<b>Section 7: Case summary</b>				
Please give us a brief summary of your case including:				

- What you want us to help with, and
- A list of key dates/events up to the present in the order they happened.

**This is a very important section.** Please include all key dates and give details of any past court hearings. **It is not enough just to write 'Please see attached papers'.**

*Please continue on a separate sheet if necessary.*

## **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 8: Public funding ("legal aid")**

**Are you eligible for public funding?**

Yes  No

If you are not eligible, please explain why and provide copies of any correspondence 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 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 supply reasons)

**Section 9: Other resources**

Are you a member of a Union of similar organisation (e.g. medical defence organisation) Yes  No

Do you have legal expenses insurance (this includes any provisions made within home and contents insurance)? *If so please supply a copy.* Yes  No

**Section 10: Benefits**

**Do you receive any of the benefits listed below?** Yes  No

*Please tick all which apply and give the monthly amount.*

<input type="checkbox"/> Pension Credit	£	(monthly)	<input type="checkbox"/> Housing Benefit	£	(monthly)
<input type="checkbox"/> Universal Credit	£	(monthly)	<input type="checkbox"/> Income Support	£	(monthly)
<input type="checkbox"/> Jobseekers Allowance	£	(monthly)	<input type="checkbox"/> Disability Living Allowance	£	(monthly)
<input type="checkbox"/> Other	£	(monthly)	<input type="checkbox"/> Other	£	(monthly)

**Do you have current proof of benefits received?** Yes  No

*If yes, please specify what proof you have below and provided a copy of the current proof of benefit.*

*For the questions below, please give all relevant financial details in the boxes provided, **including those for any family members to whom you might reasonably look for help.** Continue on a separate sheet if necessary. Please put '0' where applicable.*

**Section 11: 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 (£)

**Section 12: 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 (£)

**Section 13: Property**

<b>Do you or your partner own any property?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please list each property below and continue on a separate sheet if necessary.</i>		
Address of property (if not your own home, please give further details)	Approximate current market value (£)	Mortgage outstanding (£)

Monthly Income	£
Salary (net)	
Bonuses	
Partner's salary	
Income from savings/investments	
Maintenance	
Benefits	
Rental Income	
Other (please specify)	
<b>Total monthly income</b>	
<b>Household information</b>	
Number of adults in your home (over 18yrs)	
Number of children in your home	

Monthly Expenditure	£
Rent	
Mortgage	
Council Tax	
Household bills	
Food/clothing	
Transport	
Loan repayments	
Credit cards / hire purchase	
Leisure	
Other (please specify)	
<b>Total monthly expenditure</b>	

<b>Section 14: Further information</b>
Please set out below any further information as to why you feel unable to pay for legal help (if applicable)

<b>Our approach to your personal data</b>
<p>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.</p> <p>Processing may include;</p> <ul style="list-style-type: none"> <li>• Administration of your application and papers by Advocate staff and volunteers including volunteer barristers, solicitors, other types of lawyers and trustees.</li> <li>• Your data may be seen by third parties such as advice agencies, voluntary organisations, legal advisers and other technical</li> </ul>

support organisations who may help Advocate to deliver our services.

Your consent to the above activities may be withdrawn at any time by emailing [consent@weareadvocate.org.uk](mailto:consent@weareadvocate.org.uk).

Full information about how we process your personal information can be found in our [Applicant Privacy Notice \(https://weareadvocate.org.uk/privacy.html\)](https://weareadvocate.org.uk/privacy.html).

**Please tick the box if you are happy for Advocate to process your data**

#### 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:

***For Referrer: When filling in this form on behalf of your client, please read the Data Protection Notice and Statement of Truth to them. Signing or making the application for someone else signifies their consent.***

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## Equal Opportunities

Advocate aims to assist in cases irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion and political persuasion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical purposes.

**This section will be detached from the application form, and will not be accessible by our volunteer case reviewers or panel members.**

Your Location			
<input type="checkbox"/> London	<input type="checkbox"/> Midlands	<input type="checkbox"/> North Eastern	<input type="checkbox"/> Wales & Chester
<input type="checkbox"/> South East	<input type="checkbox"/> Northern	<input type="checkbox"/> Western	<input type="checkbox"/> Outside Jurisdiction
What is your case about?			
<input type="checkbox"/> Admin & Public	<input type="checkbox"/> Criminal	<input type="checkbox"/> Housing/Landlord & Tenant	<input type="checkbox"/> Other
<input type="checkbox"/> Chancery	<input type="checkbox"/> Employment	<input type="checkbox"/> Immigration	<input type="checkbox"/> Personal Injury & Torts
<input type="checkbox"/> Contract/Commercial	<input type="checkbox"/> Family	<input type="checkbox"/> Media	<input type="checkbox"/> Real Property
Ethnic Origin			
A) White British	B) Mixed	C) Asian	
<input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Other white:	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed:	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> British <input type="checkbox"/> Other Asian:	
D) Black	E) Other	F) Would prefer not to indicate	
<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Other Black:	<input type="checkbox"/> Any other ethnic background please describe:	<input type="checkbox"/>	
Age and gender			
Age at date of application		Would prefer not to indicate	<input type="checkbox"/>
Gender: Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
		Would prefer not to indicate	<input type="checkbox"/>
Disability			
<b>Do you consider yourself to have a disability</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Would prefer not to indicate <input type="checkbox"/>			
<i>If yes, please tick any of the list below which apply.</i>			
<input type="checkbox"/> Dyslexic	<input type="checkbox"/> Need personal care	<input type="checkbox"/> Multiple difficulties	
<input type="checkbox"/> Blind / partially sighted	<input type="checkbox"/> Mental health difficulties	<input type="checkbox"/> Other:	
<input type="checkbox"/> Deaf / hearing impairment	<input type="checkbox"/> Unseen disability (e.g. asthma, diabetes, epilepsy)		
<input type="checkbox"/> Wheelchair use / mobility		<input type="checkbox"/> Would prefer not to indicate	
Source of information about Advocate			
Where did you hear about Advocate?			
<input type="checkbox"/> Law Centre	<input type="checkbox"/> LawWorks	<input type="checkbox"/> Advocate website	
<input type="checkbox"/> RCJ Citizens Advice Bureau	<input type="checkbox"/> Solicitor	<input type="checkbox"/> Other website:	
<input type="checkbox"/> Other Citizens Advice Bureau	<input type="checkbox"/> Barrister		
<input type="checkbox"/> Other advice agency:	<input type="checkbox"/> Court / Tribunal	<input type="checkbox"/> Made a previous application	
<input type="checkbox"/> Free Representation Unit (FRU)	<input type="checkbox"/> Bar Council	<input type="checkbox"/> Other (please specify):	
	<input type="checkbox"/> Media / Press		