Form No.1

LEGAL AID RULES 1997

Application for Criminal Legal Aid

1.	Name			
2.	Address Postal address			
	Physical address			
	Email address			
3.	Daytime Telephone Number			
4.	Have you already instructed an attorne	ey? If so, state	-	
	(a) Attorney's name			
	(b) Attorney's postal address			
	Attorney's physical address			
	Attorney's email address			
	(c) Date upon which you instructed him/ her			
	(d) Have you agreed to pay the Attorney any fees?	Yes	No	
	If yes, how much?			
5.	The following documents are attached: (a) Copy of charges/ indictment (b) Statement of means			

6. Do you intend to plead guilty or not guilty to all or any of the charges?
I apply for the grant of criminal legal aid respect of the charges mentioned above; I do not have the financial means to pay the cost of legal advice and representation.
I hereby certify that the information contained in the attached statement of means is true, accurate and complete. I am aware that it is an offence contrary to section 7 of the Legal Aid Law to obtain legal aid by misrepresenting my means and that the offence is punishable by up to 3 months imprisonment.

Date

Applicant's Signature

Form No. 2 LEGAL AID RULES 1997

Statement of Means

Personal details :				
Name				
Age				
Date of Birth				
Address Postal address				
Physical address				
Email address				
Marital Status	Married	Single	Divorced	Separated
2. Details of Children:				
Name		Age	Dat	te of Birth
3.Details of other dependants:				
Name		Relationship		

Details of Employment:				
Employer's name				
Employer's address				
Nature of employment				
Amount of wages CI\$				
per week month year				
Overtime/bonus/gratuities CI\$				
per week month year				
Work Permit Number				
5. Details of other employment:				
Employer's name				
Employer's address				
Nature of employment				
Amount of wages CI\$				
per week month year				
Overtime/bonus/gratuities CI\$				
per week month year				
Work Permit Number				
6. I enclose proof of my earnings Yes No				
7. I am unemployed for the following reasons:				

My prospect of obtaining employment is as follows:

8. Details of oth employed / p		amples are	e affili	ation / maint	enan	ice / property rental/ self
0 Details of sa	vings / checkin	a accounts	. .			
9. Details of savings / checking accounts: Name of bank or Account number Balance				Balance		
other ac	count	7 1000	ant named			
10. Details of lar	nd owned:					
Registration Section	Registration Block Barce			Estimated Value		Mortgage Balance
				raido		
11.I have no other income or property Yes No						
12. Details on monthly expenses:						
Mortgage			CI\$			
Rent			CI\$			
Utilities			CI\$			
Maintenance Payments			CI\$			
Loan Payments			CI\$			
		CI\$				
		CI\$				
1						

13. Any other relevant information (A sepa	arate sheet may be used if necessary):
I hereby certify that the information co is true, accurate and complete.	ntained in the attached statement of means
_	o section 7 of the Legal Aid Law to obtain legal at the offence is punishable by up to 3 months
Applicant's Signature	Date

NOTE: Documentary evidence such as bank statements are required.