



**Australian Government**

# Norfolk Island Legal Aid Application Form

Legal Aid Act 1995 (NI)

## Instructions

To apply for legal aid you must provide the following documents:

- A completed application form.
- Proof of your income and copies of bank, building society or credit union statements or records for yourself and any financially associated person (e.g. spouse or partner) for the last three months.

You must sign the application form in the place provided on page 10. Your lawyer must also certify the application form in the place provided on page 10.

If you run out of room on the form to answer any of the questions, you may attach additional information.

Your application can be lodged in one of the following ways:

By email	NI_Legalaid@infrastructure.gov.au
In person	Office of the Administrator of Norfolk Island New Military Barracks, Kingston

## Information about how applications are assessed

We will process your application once we have all the information we need. Your application will be assessed in accordance with the *Legal Aid Act 1995* (NI). It will normally take between 5-10 business days for a complete application to be assessed.

Once a decision has been made about your application, a letter will be sent to you or your lawyer telling you whether or not you will be granted legal aid. If your application is approved, the conditions of the legal aid will be set out in the same letter.

<b>Details of person applying for legal aid</b>			
<b>Title</b>		<b>Family name</b>	
<b>Given names</b>			<b>Date of birth</b>
<b>Are you in custody or detention?</b>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, where?			
<b>Is this application being made by someone else on behalf of the person requiring legal aid?</b>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, give details			
<b>Contact details of person requiring legal aid or person making the application on their behalf</b>	Postal address		
	Email		
	Phone		

<b>Details of lawyer</b>		
<b>Title</b>		<b>Family name</b>
<b>Given names</b>		
<b>Name of firm</b>		
<b>How can we contact you?</b>	Postal address	
	Email	
	Phone	

<b>Details of legal matter</b>		
<b>For what type of matter do you need legal aid?</b>	Criminal <input type="checkbox"/>	Family <input type="checkbox"/> Civil <input type="checkbox"/>
<b>Briefly explain your legal problem.</b> For criminal matters – what offences are you charged with?		
<b>Are there current court proceedings?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, in which Court?		
If Yes, when is the next Court date?		
<b>Please provide a brief history of the matter to date</b>		
<b>How is the matter likely to proceed?</b>		

Family Law Matters – Additional question		
Who are you in dispute with?	Full name	Lawyer's name

Criminal Law Matters – Additional questions		
Was anyone else charged with you for these offences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please give their names	
Do you have any prior convictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please give details	
Year	Offence	Penalty

Civil Law Matters – Additional questions		
Date when incident occurred		
Place where incident occurred		
Who are you in dispute with?	Full name	Lawyer's name
Are you insured against any part of this claim/loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please give details	
Can you estimate the amount of your claim/loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, what is the amount? \$	

**Estimated costs of legal representation**

**What are the estimated costs of representation for the legal matter?**

Please provide an itemised estimate of costs. Attach additional sheet/s if necessary.

**Previous applications for legal aid**

<b>Have you applied for Norfolk Island legal aid before for the same matter?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Have you applied for or received legal aid from any other source in relation to the same matter?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, where have you sought/ received legal aid from?		
<b>Have you applied for Norfolk Island legal aid before for a different matter?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Have you ever applied for legal aid under a different name?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please list other name/s		

**Financially associated persons and dependents**

Note: The term 'financially associated person' is used in this form. It includes any person:

- From whom you usually receive financial support.
- To whom you usually provide financial support.
- Who could reasonably be expected to financially assist you in obtaining legal services.

A financially associated person may include a spouse, de facto partner, relative, trust or corporation.

<b>Are any persons financially associated with you? (e.g. spouse, de facto partner etc.)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes</b>	<b>Name of person</b>	<b>Relationship to you</b>

<b>Do you or any financially associated persons have any dependent children or other dependents?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please list			
Name of dependent	Date of birth	Relationship to you	Who do they live with?

<b>Income and assets of person requiring legal aid and any financially associated person</b>			
<b>Are you or a financially associated person currently in paid employment?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how much do you and any financially associated person get paid per week on average (gross)? Please provide copies of payslips or a letter from your employer setting out your weekly income over the last 3 months.			
If No, when did you or a financially associated person last do paid work?			
<b>Are you or a financially associated person</b>			
Self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A primary producer/ farmer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A partner, director or shareholder in a business or company? (If Yes, you may be asked to provide additional information.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Do you or a financially associated person receive a government pension, allowance or other benefit?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, which one/s?			
Newstart Allowance <input type="checkbox"/>	Disability Support Pension <input type="checkbox"/>	Age pension	<input type="checkbox"/>
Family Tax Benefit <input type="checkbox"/>	Parenting Payment <input type="checkbox"/>	Austudy or ABSTUDY	<input type="checkbox"/>
Other <input type="checkbox"/>	If Other, give details		
If Yes, what is your and any financially associated person's weekly income (gross) from the pension/s, allowance/s or benefit/s?		\$	

<b>Do you or a financially associated person receive any other income or benefit?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what type/s?			
Rent or board <input type="checkbox"/>	Maintenance / Child Support <input type="checkbox"/>	Income from trusts <input type="checkbox"/>	
Workers Compensation <input type="checkbox"/>	Superannuation <input type="checkbox"/>	Dividends <input type="checkbox"/>	
Overtime <input type="checkbox"/>	Interest <input type="checkbox"/>	Commission <input type="checkbox"/>	
Other <input type="checkbox"/>	If Other, give details		
If Yes, what is your and any financially associated person's weekly income (gross) from the other income or benefit/s?		\$	
<b>Do you or any financially associated person own your home? (Including a home you are paying off.)</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how much would the home sell for?		\$	
If Yes, what is the mortgage amount still owing on your home?		\$	
<b>Do you or any financially associated person own any other real estate? (Including real estate you are paying off.)</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how much would it sell for?		\$	
If Yes, what is the mortgage amount still owing on the real estate?		\$	
<b>Do you or any financially associated person own any motor vehicles? (Including motor vehicles you are paying off.)</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please list			
Vehicle type, year and model	Market Value	Amount owing (if any)	
	\$	\$	
	\$	\$	
	\$	\$	
<b>Do you or any financially associated person have any accounts with a bank, building society or credit union, or have money invested with other persons?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please list			
Bank	Amount		
	\$		
	\$		
	\$		
	\$		
<b>Do you or any financially associated person have any cash or savings?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, state total amount of cash or savings		\$	

<b>Do you or any financially associated person own anything else of value?</b> E.g. shares, bonds, jewelry, insurance or superannuation policies?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide details					
Item		Value			
		\$			
		\$			
		\$			
		\$			
<b>Does anyone owe money to you or a financially associated person?</b>					
If Yes, please provide details					
From whom?		Value			
		\$			
<b>During the last 12 months, have you or a financially associated person sold or given away any money or property worth more than \$500?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide details					
What		Date	Value		
			\$		
			\$		
<b>Did you or a financially associated person receive any lump sum amount/s of money greater than \$500 in the last 12 months?</b> (e.g. a loan, gift, compensation, redundancy payment, award from a court case)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide details					
What		Date	How much?		
			\$		
			\$		



<b>Are you or a financially associated person likely to receive any lump sum amount/s of money greater than \$500 in the next 12 months?</b> (e.g. a loan, gift, compensation, redundancy payment, award from a court case)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide details					
What		Date		How much?	
				\$	
<b>Has any person paid any of your legal fees for this matter?</b>			Yes	<input type="checkbox"/>	No
If Yes, please provide details					
Who			Amount		
			\$		
<b>Can any person or group pay your legal fees?</b>			Yes	<input type="checkbox"/>	No
If Yes, who?					

<b>Expenses of person requiring legal aid and any financially associated person</b>					
<b>What sort of housing payments do you make or are made on your behalf by a financially associated person?</b>					
Rent	\$	per week			
Mortgage	\$	per week			
Board	\$	per week			
Rates	\$				
Do not pay housing costs	Give details				
<b>Do you or a financially associated person pay any child maintenance / child support?</b>			Yes	<input type="checkbox"/>	No
If Yes, please provide details					
Amount per week	\$	Number of children payment is for			
<b>Do you or a financially associated person have any other expenses to pay each week, apart from general living expenses?</b>			Yes	<input type="checkbox"/>	No
If Yes, please provide details					
Expense	Amount per week				
	\$				
	\$				

**Privacy notice**

The Administrator of Norfolk Island and their staff, and the Department of Infrastructure, Transport, Regional Development and Communications (the Department), are collecting personal information in accordance with the *Privacy Act 1988* (Cth), for the purposes of processing and assessing your application for legal aid on behalf of the Minister under the *Legal Aid Act 1995* (NI).

Your personal information will be used for the purposes of processing and assessing your application for legal aid and will be stored securely by the Department. The Administrator and their staff and/ or the Department may disclose information to your lawyer for the purposes of your application.

If you do not provide the information requested we cannot progress your application.

The Department's [Privacy Policy](#) contains information regarding complaint handling processes, and how to access and/or seek correction of personal information. The Privacy Officer can be contacted at [privacy@infrastructure.gov.au](mailto:privacy@infrastructure.gov.au).

**Declaration of person requiring legal aid**

- I acknowledge that it is an offence to make a false or misleading statement or provide a false or misleading document in connection with an application for legal aid.
- I declare that the information I have provided in this form is true and correct.
- I give permission for my personal information to be collected and used by the Administrator of Norfolk Island and their staff, and the Department of Infrastructure, Transport, Regional Development and Communications (the Department), for the purposes of processing and assessing my application for legal aid, as outlined in the above privacy notice.
- I give permission for my lawyer to provide information relevant to my legal matter and/or any other matter relating to my application for legal aid to the Administrator of Norfolk Island and their staff, and the Department, for the purpose of processing and assessing my application for legal aid, and to this extent I waive legal professional privilege.

Signature

Date

**Lawyer's certificate**

I certify that the applicant has consulted me and I am of the opinion that this application has legal merit and/or is otherwise deserving of aid.

Name of lawyer

Firm

Address of firm

Lawyer's signature

Date