



CIVIL DISBURSEMENT FUND

Application for Assistance

Client Details

1. First Name

Middle Names

Surname

2. Title (Mr, Mrs, Ms, Miss, Master, Other)

3. Sex (Male, Female, Other)

4. Date of Birth (dd/mm/yyyy)

5. Marital Status (Single, Married, De-facto, Separated, Divorced)

6. Home Address

Suburb/Town

State

Postcode

Income and Assets Test Details

7. Do you have a Pension Card/Health Care Card?

☐ Yes

☐ No

☐ Financially associated person does

Attach a copy of any Centrelink/Health Care card

8. Which of the following describes your household type?

☐ Couple

☐ Single

☐ Family

9. Occupation

10. Work status of household members?

- ☐ Both
☐ Single
☐ None

11. How many financially dependent children do you have?

12. What is the total weekly gross income including benefits, that is earned by you and any financially associated persons in the household?

You

Financially Associated Person

13. Attach a copy of your last tax return and any other proof of income including bank statements for the last 3 months. (Tick below when attached)

- ☐ You
☐ Financially associated person

Housing Details

14. If you or a financially associated person own or are paying off the home that you live in:

What is the value of your home?

What is the mortgage (amount owing) on the home?

What is the location area of this home (based on Phone zones 62,63,64) i.e. South, North or North West

15. If you or a financially associated person own or are paying off any other real estate apart from your family home you currently live in:

What is the value of this other real estate?

What is the mortgage (amount owing) on this other real estate?

Motor Vehicle Details

16. If you or a financially associated person own or are paying off any motor vehicle/s:

What is the value of the motor vehicle/s, less any money owing?

Asset Details

17. Do you or a financially associated person own anything else of value, including the following assets: Money in the bank, Bonds, Boats, Caravan, Jewellery, Insurance etc.?

Do not include household furniture, effects and tools of trade.

State the total amount of your assets

\$

Disposal of Assets

18. Have you or a financially associated person in the past two years given away, sold or otherwise disposed of any assets whether jointly or solely owned (including money) worth more than \$5,000?

- ☐ No
☐ Yes – provide details

Interest in a Trust, Company or Partnership

19. Do you or your spouse/partner or children have any role or interest in any company, partnership, or trust from which you or they have received or may receive in the future?

- ☐ No
☐ Yes – provide details and verifying documents

20. Have you or your spouse/partner at any time given away, sold, diverted or otherwise disposed of property or income to a company, partnership or trust?

- ☐ No
☐ Yes – provide details and verifying documents

Application for Disbursement – to be completed by solicitor

21. Type of claim. For example: motor vehicle accident, workers compensation, public liability, medical negligence.

22. Date cause of action arose

23. Court or Tribunal in which action is proposed?

24. Solicitor for the Defendant/Respondent(s) if known

25. Assessment of likely disbursements to be incurred

- a. Preliminary – prior to proceedings being instituted
- b. Up to and including mediation
- c. Up to and including trial

26. Is the claim or action, whether by compromise (settlement) or trial and judgement likely to resolve by way of a lump sum amount or compensation and/or damages?

27. Within what timeframe is this matter likely to be resolved?

28. Has liability been admitted? If not, provide reasoned views on liability.

29. Has quantum been agreed? If not, provide reasoned views on quantum.

30. What is the nature of claim or action proposed? For example s.42 application, common law claim.

31. Are there current court proceedings? If so, when is the next court date?

32. Provide a brief explanation of the facts pertaining to the claim, including relevant dates. How and when was your client injured? Provide a brief history of the claim to date.

33. Relevant limitation periods

34. Full names of all Defendant/Respondent(s)

35. Is the Defendant/Respondent insured? Provide details of insurance if known.

36. Provide details of all known financial resources of the other party/parties

37. Have you considered an alternative method of investigation other than obtaining a report?

38. What is the nature of your retainer with this client?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> no win /no fee | <input type="checkbox"/> pro bono |
| <input type="checkbox"/> reduced / delayed fee | <input type="checkbox"/> other |

39. Is counsel briefed or likely to be briefed? What is the nature of counsel's retainer with this client?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> no win /no fee | <input type="checkbox"/> pro bono |
| <input type="checkbox"/> reduced / delayed fee | <input type="checkbox"/> other |

40. Have alternative sources of funding, such as overdraft and litigation lenders financial products, been considered for this client? Explain why you are not using those sources?

41. What is your strategy to bring this matter to resolution?

--

Disbursements

42. List all disbursements you seek funding for

Name of Provider	Speciality	Amount
		\$
		\$
		\$
		\$

43. Why do you require this material/service at this time?

--

Provide any other requests on a separate sheet

Application Conditions

Read the Application Conditions below and sign the declaration.

CDF Guidelines- You must receive from your solicitor and read a copy of the CDF guidelines. Your solicitor must explain their content to you.

Change in Circumstances- You must advise Legal Aid immediately of any change of circumstances that may affect your application to the fund including financial changes, such as a new job, and also a change of address and/or phone number.

Legal Costs- You will be responsible for paying your legal costs. In addition, if you lose your case you will probably have to pay the other side's costs. Talk to your solicitor about this. Your solicitor must explain to you that they will only act in accordance with the fee basis outlined in the CDF guidelines.

Change of Solicitor- You or your new solicitor must advise us immediately in writing if you change solicitors.

Assistance for Disbursements- This is not a grant of Legal Aid for legal services. The Legal Aid Commission of Tasmania has no obligation to grant assistance for disbursements to you and if assistance is granted such assistance may be withdrawn at any time in accordance with the guidelines of the CDF. If assistance is not granted or if it is granted and later withdrawn in accordance with the CDF Guidelines, you shall have no right of action against the Legal Aid Commission of Tasmania.

Client Declaration

I therefore acknowledge and accept the conditions above and declare that all the information I have given is true and correct.

Confidentiality- I hereby waive the usual privilege as to confidentiality of information that exists between a solicitor and client for the purposes of my solicitor providing information to the Committee and/or the LACT and I authorise my solicitor to provide such information and documents as may be required by the Committee and or the Legal Aid Commission of Tasmania.

I acknowledge that personal information contained in or attached to this application may be disclosed to members of the Legal Aid Commission of Tasmania and/or the Committee.

I agree that:

- I must abide by the CDF guidelines;
- I must pay any application fee required before this application is considered;
- I irrevocably authorise my solicitor or any other subsequent solicitor to pay to the CDF disbursements and GST recovered by my solicitor with respect to work done after the grant of assistance;
- If my bill from my solicitor is taxed, I authorise the Legal Aid Commission of Tasmania to participate in that cost assessment pursuant to the *Legal Profession Act 2007* (Tas).

I Applicant's Full Name

of Applicant's Address

declare that all the facts given in this application are true and correct to the best of my knowledge, information and brief.

Applicant's Signature

Date

Solicitor Declaration

I, CERTIFY that-

1. I have provided the Applicant with a copy of the Civil Disbursement Fund Guidelines.
2. I am of the opinion that this application has legal merit for the reasons detailed in the CDF application.
3. All particulars and documents known to me and relevant to this application have been disclosed herein.
4. If assistance is granted to the Applicant to cover the anticipated cost of disbursements as outlined in the application then I undertake to accept instructions in accordance with the Guidelines of the Civil Disbursement Fund and on the basis that my professional fees and Counsel's fees will not be sought from the Applicant until the conclusion of his/her claim.
5. I further undertake to notify the Legal Aid Commission of Tasmania upon becoming aware of any significant changes or developments regarding matters relevant to this application.
6. If the matter concludes successfully, I undertake to repay to the Legal Aid Commission of Tasmania all disbursements paid out on behalf of this client.

Solicitor's Signature

Solicitor's Full Name

Solicitor's Firm

Date

Civil Disbursements Fund Application Fee Form

Print THIS PAGE ONLY and send with cheque for \$200 payable to *Legal Aid Commission of Tasmania* to either address below:

The Civil Disbursement Fund
Legal Aid Commission of Tasmania
GPO Box 1422 Hobart 7001

Or DX address

The Civil Disbursement Fund
Legal Aid Commission of Tasmania
DX 123 HOBART

Email cdf@legalaid.tas.gov.au with any queries about this form

PART A: to be completed by Firm

Client Name	<input type="text"/>
Solicitor Firm and Practitioner	<input type="text"/>
Application Fee	<input type="text" value="\$200"/>
Cheque Number	<input type="text"/>
Date Application Form emailed to cdf@legalaid.tas.gov.au	<input type="text"/>

PART B: to be completed by LACT admin

Received by LACT (Physical signature required)

Name	<input type="text"/>
Signature	
Date	

CDF Application Form Checklist

- ☐ Answered all 43 questions on form
- ☐ Attach copy of Centrelink card/ Health Care card (question 7)
- ☐ Attach copy of tax return or other proof of income (question 13)
- ☐ Client signed declaration
- ☐ Solicitor signed declaration
- ☐ Print, and send Civil Disbursements Fund Application Fee Form and cheque for \$200 (previous page of this form)
- ☐ Scan and email the completed form to cdf@legalaid.tas.gov.au