

## CIVIL DISBURSEMENT FUND

## APPLICATION FOR ASSISTANCE

**\*Please read attached guidelines before completing this form**

**\*Please provide one (1) copy of this application form and supporting documents.**

Full Name:		
Address:		
Tel No:	Marital Status:	Date of Birth :     /     /
Number and ages of dependant children:		
Occupation:	Are you currently employed? <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> self employed <input type="checkbox"/> unemployed	

Have you previously applied for Legal Aid in Tasmania? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is yes please provide your reference number and details of the status of the Legal Aid Application.

**FINANCIAL POSITION:**

Pension Card/ Health Care Cards –attach photocopy

Gross Weekly Income: \$	Taxable income \$	*ATTACH COPY OF LAST TAX RETURN	
<b>ASSETS:</b>	<b>VALUE \$</b>	<b>Owned Solely or if Jointly your share</b>	<b>Money Owing in relation to assets</b>
House			
Other Land/ Property			
Bank/Building Society/Credit Union Deposits/Term Deposits		ATTACH COPIES OF LAST STATEMENT FOR EACH ACCOUNT	
Stocks/Shares			
Car/s			
Other Investments or Assets – give details			
Other Liabilities –give details			
<b>SPOUSE/PARTNER or other person with financial interest in claim</b>			
Full Name:			
Occupation:	Are you currently employed? <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> self employed <input type="checkbox"/> unemployed		
Gross weekly income: \$	Taxable Income \$	ATTACH COPY OF LAST TAX RETURN	

ASSETS	VALUE	Owned Solely or if jointly your share	Money owning in relation to assets
House			
ASSETS	VALUE	Owned Solely or if jointly your share	Money owning in relation to assets
Other Land/ Property			
Bank/Building Society/Credit Union Deposits/Term Deposits		ATTACH COPIES OF LAST STATEMENT FOR EACH ACCOUNT	
Stocks/Shares			
Car/s			
Other Investments or Assets – give details			
Other Liabilities –give details			
<b>DISPOSAL OF ASSETS:</b> Have you or your spouse/partner in the past two years given away, sold or otherwise disposed of any assets whether jointly or solely owned and (including money) worth more than \$5,000?  <input type="checkbox"/> NO <input type="checkbox"/> YES –attach details			
<b>INTEREST IN A TRUST OR COMPANY OR PARTNERSHIP:</b>  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?  <input type="checkbox"/> NO <input type="checkbox"/> YES –attach details & verifying documents			
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?  <input type="checkbox"/> NO <input type="checkbox"/> YES –attach details & verifying documents			

**ASSESSMENT OF MERITS**

**This section to be completed by the applicant's solicitor.** If insufficient space please attached separate sheet

Full names of Plaintiff :	Defendant(s):
Defendant's Solicitor and firm:	Date Cause of Action arose:    /    /
List all known Financial Resources of Other Party:	
Court or Tribunal in which action is proposed:	
Cause of Action:	
Relevant Time Limits to Action:	Has Liability been admitted? Yes / No
Names of all plaintiff's witnesses:	Names of all defendant's witnesses:
List important documentary evidence supporting or otherwise applicant's claim (enclose copies):	
Opinion of liability and why:	
Opinion on quantum of damages and why (specify heads):	
Is this matter suitable for mediation? YES / NO	
Name of Counsel to be briefed:	

**EXPERT REPORTS** –please provide a list of expert reports anticipated and the name and address of expert if known:

Report	Name and Address of Expert

**ESTIMATE OF DISBURSEMENTS-** this section to be completed by Applicant's Solicitor. To be completed at next stage of litigation from date of application.

	Stage 1 Investigation of claim & draft proceedings	Stage 2 Filing of summons to settlement conference	Stage 3 Trial (No of days?)	Stage 4 Post trial
Court filing fees:				
Medical reports:				
Other expert reports:				
Interpreter's fees:				
Conduct money:				
Witness's expenses:				
Transcript fees:				
Trial fees:				
Solicitor's travelling & accommodation expenses:				
Other fees:				

**NOTE:**

The CDF does not cover solicitor's and barristers fees and sundry items such as telephone, fax, postage and photocopying and courier fees

**TIMING OF OUT OF POCKET EXPENSES:**

Indicate your estimate of when out of pocket expenses will be incurred:

<b>Year:</b>	<b>January –June</b>	<b>July -December</b>
20	\$	\$
20	\$	\$
20	\$	\$
20	\$	\$
20	\$	\$
20	\$	\$
	<b>TOTAL:</b>	<b>\$</b>

**DECLARATION BY APPLICANT:**

I acknowledge that:

- i. I have received and read a copy of the Civil Disbursement Fund ("CDF") Guidelines.
- ii. The Legal Aid Commission of Tasmania (LACT) has no obligation to grant assistance to any applicant and that if assistance is granted, such assistance may be withdrawn at any time in accordance with the guidelines of the CDF.
- iii. If assistance is not granted to me, or if it is granted and later withdrawn in accordance with the CDF guideline, I shall have no right of action against the LACT in that event.

I acknowledge that I have been advised by my solicitor as to the following:

- i. Why I am unlikely to be eligible for legal aid;
- ii. Why my solicitor will only act in accordance with the fee basis outlined in the CDF guidelines
- iii. The content of the CDF guidelines.

I agree that if I sign an Agreement for Assistance I shall undertake to:

- i. Abide by the CDF guidelines;
- ii. Pay any contribution (if any) required;
- iii. 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;
- iv. Assign to the LACT a joint right pursuant to the Legal Practitioners Act to have disbursements incurred by my solicitor taxed.

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 LACT.

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

I \_\_\_\_\_ of \_\_\_\_\_

(full name)

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

DATED \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Solicitor's signature

**SOLICITORS'S CERTIFICATE**

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 promptly notify the Committee upon becoming aware of any significant changes or developments regarding matters relevant to this application.

Solicitor's signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Solicitor's Name: \_\_\_\_\_

(Please print)

Solicitor's Firm: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_