



# LEGAL AID BOARD

## APPLICATION FOR LEGAL SERVICES

THE LAW CENTRE WILL ASSIST YOU IN COMPLETING THIS FORM

Name	
Address	
Telephone	
PPS No.	

Subject Matter       (a) Family Law       (b) Non-family (Tick as appropriate)

Please provide details:


### YOU SHOULD READ THE FOLLOWING DECLARATION CAREFULLY BEFORE YOU SIGN BELOW

I have provided information about my means on this form and I apply for legal services for the matter(s) indicated above.

I confirm that to the best of my knowledge the information which I have given on this application form is correct.

I consent to the transmission to the Legal Aid Board of all information about my case which the Board may require.

I understand that:

- the Board may seek a report on my means from the Department of Social and Family Affairs;
- giving incorrect information, or failing to disclose information, may lead to the withdrawal of legal services and that I may be liable for the cost incurred;
- if my means change I must inform the law centre;
- I may be liable for costs incurred by the Board in providing legal services and that my solicitor will explain this in greater detail.

The value of my disposable capital assets does not exceed €4,000 or is as set out in the statement of capital.

Signed:

Date:

### STATEMENT OF INCOME

Type of Income	Per Week	Type of Allowance	Amount per week
Employment/Pension		Accommodation	
Social welfare/state type		Income tax	
Maintenance received		PRSI	
Business/other occupation		Child care (working parent)	
Other source		Maintenance payment	
Benefit in kind e.g. a car		Ages of dependent children	
Other		Other dependants (specify)	

### STATEMENT OF CAPITAL

#### CAPITAL RESOURCES (OTHER THAN A PERSON'S HOME) e.g. car, other property

Nature of resource	Value

#### Loans/Debts/Mortgages (other than a person's home)

Outstanding Balance	Purpose	Repayments

OFFICE USE:

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