



FORM 1
INSTRUCTION SHEET

File Name:	
File No:	Date:
Recorder:	
Name of Applicant:	
Age:	Gender: M/F
Postal Address:	
Residence:	
Telephone number:	
Cell phone number:	
Email address:	
Other Contacts:	
Attachments: (i)	
(ii)	
(iii)	
Special Considerations:	
Disability <input type="checkbox"/> Age <input type="checkbox"/> Urgency <input type="checkbox"/> Other	
Name of Respondent:	
Postal Address:	
Cell phone number:	
Email address:	
Residence:	
Legal Aid Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments of Approving Officer:	
Officer(s) Assigned:	

APPLICATION FOR LEGAL AID (CIVIL / CRIMINAL)

TO: THE DIRECTOR, LEGAL AID BUREAU

- 1. I, ..., living at ... apply to you for Legal Aid in the under-mentioned matter.
2. The following are my personal particulars and full details of my income and Capital:
(a) Married: Yes/No
(b) Employed: Yes/No
(c) *(i) Name and Address of employer...
*(ii) Work on which employed ...
(d) * Salary or Wages ...
(e) * Profession, business or occupation ...
Income from above
(f) Other income ...
(g) Other means of capital nature:
Self ...
Husband/Wife ...
There is included in above -
(i) dwelling house value ...
(ii) furniture, necessary household effects, clothing and tools of trade value ...
(iii) the sum of K... paid in respect of Workmen's Compensation/ payment for personal injuries by ...
(h) Any other means (give particulars and value) ...
(i) For applicants under 21 years of age:
(i) Income of parents or guardians ...
(ii) Still receiving formal education? ...
(j) What financial obligations do you have ? ...
3. I am prepared to make a contribution of K ... towards the costs of legal aid payable by ...
4. The matter in respect of which I desire legal aid is as follows:

*Delete as applicable

Applicant's Signature:

Date:

Direction

I direct a contribution of K ... payable before

Date

Director - Legal Aid Bureau