



Australian Government
Attorney-General's Department

Social Inclusion Division

**APPLICATION FOR ASSISTANCE BY THE COMMONWEALTH
FOR LEGAL AND RELATED EXPENSES UNDER THE SPECIAL
CIRCUMSTANCES (OVERSEAS) SCHEME
ADMINISTERED BY THE ATTORNEY-GENERAL**

This form is to be completed by applicants seeking assistance for legal and related expenses from the Commonwealth under the Special Circumstances (Overseas) Scheme administered by the Attorney-General.

The form is to be fully completed. Please type or print neatly and answer ALL questions. Assistance may be refused if all information (including attachments) is not provided. If space provided is insufficient, include additional material on a separate page and attach to the form.

The information provided on this form is required to assess your eligibility for financial assistance and will generally be kept confidential. It may be necessary to disclose some or all of the information to other Government departments and agencies, in order to seek further information relevant to our assessment of your eligibility. In signing the application, you agree to this limited disclosure.

This form must be signed in the presence of a Justice of the Peace, Commissioner for Declarations or other authorised person in the place where you are making the declaration.

This form and all attachments should be sent to:

Assistant Secretary
Legal Assistance Branch
Attorney-General's Department
3-5 National Circuit
BARTON ACT 2600

Phone: (02) 6141 4770

Fax: (02) 6141 4926

A. PARTICULARS OF APPLICANT

| | |
|---------|------------|
| SURNAME | GIVEN NAME |
|---------|------------|

| | |
|---------------------------------------|----------|
| NAME OF ORGANISATION | |
| Applicant's position in organisation: | |
| Number on members (approximate) | |
| ADDRESS | |
| | Postcode |
| TELEPHONE NO Home | Work |

| | |
|--|--|
| DATE OF BIRTH (if applicable) / /19 | PLACE OF BIRTH Australia <input type="checkbox"/> Overseas <input type="checkbox"/> |
|--|--|

| |
|---|
| IF BORN OVERSEAS: What country were you born in? What year did you arrive in Australia? |
|---|

| |
|--|
| ARE YOU AN ABORIGINAL OR TORRES STRAIT ISLANDER? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|

| |
|--|
| EMPLOYMENT STATUS Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
|--|

| |
|--|
| ARE YOU IN RECEIPT OF SOCIAL SECURITY BENEFITS (other than the family allowance) YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|

B. YOUR SOLICITOR (if applicable)

SOLICITOR'S NAME

NAME OF SOLICITOR'S FIRM

ADDRESS

TELEPHONE

FACSIMILE

DX

POSTCODE

C. OTHER FUNDING

Please attach a copy of any letter of refusal you have received.

Are you eligible to apply for legal aid or assistance in the overseas country?

YES

NO

Have you applied for legal aid or assistance from another body. (box)

YES

NO

If yes, to whom did you apply?

D. CASE DETAILS

Please attach copies of any court documents and any letters from your solicitor about the case.

1. Describe the legal action you intend to take.

2. What are the facts of the case?

3. What are the legal questions to be decided?

4. Does the case involve an issue of Commonwealth law? (Give details of the Commonwealth law involved)

5. Explain how the case is of general importance.

6. What are the legal arguments in support of your case?

7. What evidence or witnesses do you have to support your case?

8. What do you stand to gain/lose by the case? (eg interest in land, loss of job, custody of children, compensation for injury etc)

9. At what stage is the case? (State the court and court reference, if any)

10. What is the next stage?

11. How much do you think it will cost you to resolve the case? (Give details of the hourly fee rate/s, the estimated number of billable hours, estimates of other significant costs such as witness costs and translation costs).

12. Give details of how you have calculated your costs for each stage of the case.

E. DEPENDANTS (not applicable if applicant is an organisation)

List husband/wife/partner and dependant children

| Name | Date of Birth | Relationship to you | Living with? |
|------|---------------|---------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

F. OCCUPATION

| Applicant | Financially associated person |
|-----------|-------------------------------|
| | |

G. INCOME AND COMMITMENTS DETAILS: APPLICANT AND FINANCIALLY ASSOCIATED PERSON

- If **employed**, attach a copy of latest **tax return** and a copy of latest **pay slip**.
- If **self-employed**, attach a copy of latest **financial statements** or **tax return**.
- If your business is **incorporated**, attach a copy of the company's latest **financial statements**, and copies of **financial statements for all related companies**.
- If **unemployed**, attach a copy of latest **tax return** and a copy of latest **benefit statement**.
- If applying on behalf of an **organisation**, do not complete the following section but provide a copy of the organisation's latest **financial statements**.

WEEKLY INCOME

| Applicant \$ | Financially associated person \$ |
|--|-------------------------------------|
| Gross weekly wage, Salary or earnings | |
| Other source of income | |

Include pensions, compensation, unemployment or sickness benefits, rents, interest, dividends and any other income.

WEEKLY COMMITMENTS

| | Applicant \$ | Financially associated person \$ |
|--|-----------------|-------------------------------------|
| Tax (incl Medicare) | | |
| Rent | | |
| Mortgage payments on dwelling in which applicant lives | | |
| Board or lodging | | |
| Maintenance payments to spouse and/or children of applicant | | |
| Payments under hire-purchase and credit sales agreements, loan agreements for motor vehicle(s), household goods and furniture (identify each item) | | |
| Superannuation and life insurance: Other insurance (give details): | | |
| Child minding fees paid to enable income to be earned | | |
| Garnishee or other court orders (give details) | | |
| Other commitments (eg business expenses) | | |

H. ASSETS

| | Applicant \$ | Financially associated person \$ |
|---|-----------------|-------------------------------------|
| RESIDENCE Address: Market value: If mortgaged, amount still owing on mortgage(s): OTHER REAL ESTATE House and/or land other than residence - give details as above | | |
| HOUSEHOLD GOODS, FURNITURE, AND PERSONAL EFFECTS Approximate value: Amount owing (if any): | | |
| MOTOR VEHICLE Year, model and type: Market value: Amount owing, if any: | | |
| Savings held either solely or jointly with any other person | | |
| Shares, debentures etc (give details) | | |
| All money owing to you, and who owes it to you (give details) | | |
| All other assets (eg surrender value of life insurance policies) | | |

I. LIABILITIES

| | Applicant \$ | Financially associated person \$ |
|---|-----------------|-------------------------------------|
| Any liabilities you consider should be taken into account showing hardship eg accumulated debts (specify) | | |

J. CONTRIBUTION

| |
|---|
| Are you able to contribute towards the expected cost of the proceedings |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, how much? \$ |

CHECK LIST

HAVE YOU

- completed all parts of the form (including Attachment A)?
- attached copies of letters of refusal from other bodies you have applied to for assistance, if any?
- attached copies of relevant court documents and any correspondence from your solicitor?
- if applying on behalf of an organisation, attached a copy of its latest financial statements?
- attached a copy of your latest tax return (and of any financially associated person)?
- attached a copy of your latest pay clip (and of any financially associated person), or if you are unemployed, a copy of your latest benefit statement (and of any financially associated person)?
- attached a copy of your company's financial statements (including related companies), if any?

REPORT BY SOLICITOR ABOUT THE APPLICATION (if this form is completed with the help of a solicitor)

[Cross out whichever does not apply]:

1. I am the solicitor for the applicant.

Although I do not represent the applicant, I have helped the applicant to complete this Form.

2. It is my opinion, for the reasons set out below:

- that the applicant has reasonable prospects of success
- that the applicant has good grounds for being represented
- that there is a point of general importance under Commonwealth law involved in the proceedings described in this application
- that there is a point under State or common law involved which has importance beyond the State or Territory where the case arises.

3. My reasons for these opinions are:

4. I estimate the applicant’s legal costs and expenses of the proceedings, at local legal aid rates, at \$.....

DATED THIS DAY OF 20.....

.....
(Signature of solicitor)

.....
(Name of solicitor)

.....
(Name of firm)

Attachment A

1. What is the background of the case? (Give details of when you travelled to the overseas country, the purpose for travelling there, the circumstances leading to your arrest and being taken into custody)

2. Describe the nature of the charge or charges that you face and the sentencing options if you plead or are found guilty (Give details of the minimum and maximum applicable penalties).

3. Describe your proposed legal representation in the overseas country. Include details of the names and roles of each legal representative (for example one solicitor and one barrister) and, if the legal team comprises more than two people, a justification for the size of the team.

4. What is your connection to Australia? (for example citizenship/ permanent residence). Please attach supporting documentation to this application such as an Australian citizenship certificate or copy of a valid Australian passport.

Please note that your application cannot be processed if the information requested in Attachment A (including supporting documentation) is not provided.