



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)	PLACE OF BIRTH
/ /19	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. (3 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 \$
<p>RESIDENCE Address:</p> <p>Market value:</p> <p>If mortgaged, amount still owing on mortgage(s):</p> <p>OTHER REAL ESTATE House and/or land other than residence - give details as above</p>		
<p>HOUSEHOLD GOODS, FURNITURE, AND PERSONAL EFFECTS Approximate value:</p> <p>Amount owing (if any):</p>		
<p>MOTOR VEHICLE Year, model and type:</p> <p>Market value:</p> <p>Amount owing, if any:</p>		
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 <ul style="list-style-type: none">• 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?

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1 *Insert the name, address and occupation of person making the declaration*

I,¹

make the following declaration under the *Statutory Declarations Act 1959*:
[cross out whichever does not apply]

2 *Set out matter declared to in numbered paragraphs*

1. I have not disposed of any assets for the purpose of qualifying for assistance
2. the information given in this application is true and correct to the best of my knowledge and belief
3. I believe that [cross out whichever does not apply]
I am, personally liable/ the organisation is
 - liable for the legal costs and expenses of the proceedings described in this application; and
4. I am/ the organisation is
 - not indemnified by any person or organisation for those legal costs and expenses.
5. I give officers of the Legal Aid Branch, Attorney-General's Department, permission to seek information regarding this application from other government departments and agencies; and
6. I undertake to notify the Attorney-General's Department, of any change in my financial circumstances which could affect my eligibility for continuing financial assistance.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

³

4 *Place*

5 *Day*

6 *Month and year*

Declared at ⁴ _____ on ⁵ _____ of ⁶ _____

Before me,

7 *Signature of person before whom the declaration is made (see over)*

⁷

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

⁸

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

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.