

ST KITTS AND NEVIS LEGAL AID AND ADVICE CENTRE

APPLICATION FORM

PARTICULARS OF CLIENT

Name: _____ Tel: _____

Address: _____

Age: _____ DOB: _____ () Male () Female

Marital Status: () Single () Married () Widowed () Divorced () Common law

Nationality: _____ Occupation: _____

Social Security: _____

Employer

Name: _____ Tel: _____

Business: _____

Address: _____

Spouse/Partner

Name: _____ Tel: _____

Address: _____ Occupation: _____

Work/Employer: _____ Work Tel: _____

Address of Work/Employer: _____

Children

No. of Children: _____

Name(s): _____

Age(s): _____

No. attending school: _____

Age(s): _____

Name(s) of school(s): _____

Other Dependant(s):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

EDUCATIONAL BACKGROUND

() Primary () Secondary () Vocational () Teachers' College

MEANS TEST

Income/Assets

Do you own (state value):

Land: \$ _____ Home: \$ _____ Animal: \$ _____

Machinery/Tools: \$ _____ Motor Vehicle: \$ _____

Wage/Salary: \$ _____ Household members: \$ _____

Saving: \$ _____ Bank: \$ _____ Credit Union: \$ _____

Spouse/Partner Salary: \$ _____ Spouse/Partner Savings: \$ _____

Spouse/Partner Property: \$ _____

Salary of other Members of the Household: \$ _____

Expenditure/Expenses

Rent: \$ _____ Food: \$ _____

Utilities: Electricity: \$ _____ per

Water: \$ _____ per

Tel: \$ _____ per Cell: \$ _____

Cable: \$ _____ per

Mortgage: \$ _____ Loans: \$ _____ Insurance: \$ _____

Hire Purchase: \$ _____ Transportation: \$ _____

Parental Support: \$ _____ Child Support: \$ _____

Other: \$ _____

For Official Use:

Approved: () Yes () No
Details: () Full Fees () Partial Fees

AUTHORIZATION:

I HEREBY AGREE to be assigned a Lawyer(s) to act on my behalf in the matter above-mentioned.

(A) I AGREE TO PAY a consultation fee of: \$ _____ and the fee of: \$ _____
agreed upon, and

I AGREE that the Lawyer(s) is/are entitled to secure the services of any other legal practitioner of their choosing to act in their place as my legal representative for any other reason and in their entire discretion.

I AGREE that, in the processing of my application for legal aid and assistance, the Director or any duly authorized representative of the Centre is entitled to communicate with and obtain from

My employment
My bank(s)/financial institution
My credit union
Other

any information necessary and pertinent to establishing my financial status.

I FULLY AGREE TO ALLOW SUCH INFORMATION TO BE RECEIVED BY THE CENTRE IN THE STRICTEST CONFIDENCE AND TO BE UTILIZED FOR THE PURPOSE OF THIS APPLICATION AND NO OTHER.

(B) I AM NOT able to pay.

CLIENT: _____ DATE: _____

WITNESS: _____ DATE: _____

DECLARATION

I, DECLARE all the aforesaid information to be true, to the best of my knowledge, and I understand that upon any false statements made concerning my income or if my financial position shall improve considerably, the LEGAL AID AND ADVICE CENTRE is at liberty to withdraw from any case or to change the fees according to any change in income.

FURTHER, I understand that the fees quoted or paid are not necessarily final, and that if the matter is more complex or entails more work and time than the Lawyer(s) first understand according to initial instructions, then the LEGAL AID AND ADVICE CENTRE would be at liberty to raise the fees accordingly.

Dated this _____ day of _____ 20____

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CLIENT