



Legal Aid Office

20 Victoria Street / Hamilton HM 12
Phone: 297-7617 / Fax: 295-6670

LEGAL AID APPLICATION CHECKLIST v

Name of applicant _____
(Full name as it appears on Birth Certificate)

<input type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> MATRIMONIAL
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Date of Next Court Appearance _____

Documents required for Legal Aid Application

❖ **Employed** Yes No If no, what was the last date of employment _____
 Full-time Part-time Hustles
 If hustles, provide a letter confirming the nature of the hustle, dates worked and the amount earned from _____ to _____
 Pay stubs from _____ to _____ or;
 Letter from employer(s) including gross & net income from _____ to _____

❖ **Receiving Pension** Yes No
 If yes, provide a letter from pension office amount received from _____ to _____

❖ **Receiving Financial Assistance** Yes No
 If yes, complete Financial Assistance Disclosure Form

❖ **Receiving / Paying child support** Yes No Weekly Bi-Weekly Monthly
 If yes, provide child support statement or provide a letter confirming the amount paid from _____ to _____

❖ **Renting** Yes No
 If yes, provide rental receipts from _____ to _____
 or
 Provide a letter from your Landlord confirming rent is in good standing or the amount of arrears

❖ **Paying Mortgage** Yes No
 If yes, provide last mortgage statement for all properties showing payments from _____ to _____

❖ **Any bank accounts in applicants name (solely or jointly with another)** Yes No
 If yes, provide bank statement(s) for all accounts local and overseas including credit unions from _____ to _____

❖ **Any vehicle(s) registered in applicant's name** Yes No
 If yes, provide current insurance statement of value of registered vehicle(s)
 Car Bike No registered vehicles in applicants name

❖ **Ownership of Property (local and/or overseas)** Yes No
 If yes, provide last land tax receipt for all properties or statement of market value(s)

❖ **Applying for a Divorce** Yes No
 If yes, provide a copy of your Marriage certificate

❖ **Do you have any court case document(s) to submit** Yes No
 Charge Sheet Information Sheet Judgement(s)
 Orders Power of Attorney Summons Writ

Date application issued _____ Legal Aid Staff signature _____



LEGAL AID APPLICATION QUESTIONNAIRE

Please provide all the below information for the assessment period _____ to _____

1. List all places of residence in the past twelve (12) months where you owned or leased a property/room:

complete address(es)	dates	monthly rental amount	monthly mortgage payment
From: To:		\$	\$
From: To:		\$	\$

2. List all places of residence in the past twelve (12) months where you resided with someone:

complete address(es)	monthly contribution for household expenses	dates	name of person with whom you resided
	\$	From: To:	
	\$	From: To:	

* **Source of income** may include part-time employment, hustles, self-employment, pension, disability income, rental income, contribution from member of household, child support, financial assistance, monetary gifts, loans or any other monetary benefit received during the assessment period. If income is from employment, include the gross and net, average or take-home pay including overtime.

3. Employment and income details of applicant:

employer name and job title or other source of income*	amount	dates
Employer Name: Job Title: Source of Income:	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Employer Name: Job Title: Source of Income:	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Employer Name: Job Title: Source of Income:	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:

4. Employment and income details of members of applicant's household:

employer name and job title or other source of income*	amount	dates
Employer Name: Job Title: Source of Income:	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Employer Name: Job Title: Source of Income:	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Employer Name: Job Title: Source of Income:	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:



5. Support of children outside your household:

	amount	dates
Do you pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Do you support a child in a local or overseas school or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Child support arrangements are a result of	<input type="checkbox"/> court order <input type="checkbox"/> private arrangement	

6. Select all local or overseas banks that you have accounts with (solely or jointly with another):

HSBC Bermuda Capital G. Ltd. Bank of N.T. Butterfield Other _____

7. Household members receiving financial support from the Department of Financial Assistance:

	amount	dates
Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Please sign Financial Assistance Disclosure Form		

8. Household members receiving pension and/or disability allowance:

	amount	dates
Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	From: To:
Provide letter confirming the above for the assessment period		

THIS SECTION IS REQUIRED FOR DIVORCE APPLICATIONS ONLY

Name of spouse _____ first _____ middle _____ surname _____

Nationality of spouse _____

Date of marriage _____ (dd/mm/yyyy) Where was marriage performed _____

9. List all children of the marriage:

Full Name of Child	Date of Birth	Age

SIGNATURE OF APPLICANT



LEGAL AID APPLICATION

Date of Birth _____ Home Number _____
 Age _____ Work Number _____
 Nationality _____ Cell Number _____

Married Single Divorced Email Address _____

1. Mr./Mrs./Ms. _____ first _____ middle _____ surname _____

2. _____ Full residential address _____

3. If applying for a divorce, give date of marriage _____ (dd/mm/yyyy)
 (Provide Copy of Marriage Certificate)

Name of spouse _____ first _____ middle _____ surname _____

Nationality of spouse _____

4. State the reason(s) you are applying for a Legal Aid Certificate under the provisions of the Legal Aid Act 1980 and the nature of the matter Civil (i.e. property, personal injury, wrongful dismissal, landlord & tenant) Criminal Domestic (i.e. Family Court Proceedings, Domestic Violence Protection Order) Matrimonial

Case No. _____ (if applicable)

5. I would like to be represented by _____ or Legal Aid Committee to appoint Yes

6. Dwellings - I own the following dwelling(s) which has/have the Annual Rental Value under the Land Valuation Act 1967, and the gross values before deductions of the balances owing on mortgages and charges shown in relation to that or those dwellings:

Dwelling	Annual Rental Value	Gross Value
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
	Total	_____

7. Other assets - I own the following other assets which have the values shown below opposite them:

Note: List all other assets of whatever kind owned by you including real estate (in Bermuda and/or elsewhere), car, boat, shares, wearing apparel, tools of the trade, household furniture and effects.

Asset	Value
a) _____	_____
b) _____	_____
c) _____	_____



GOVERNMENT OF BERMUDA

8. Statement of liabilities - I have the following liabilities: *Note: List all liabilities of capital nature - for example, outstanding mortgages, loans and other debts.*

Item	Balance owing	
a)	_____	_____
b)	_____	_____
c)	_____	_____
		Total liabilities _____

I wish the Legal Aid Committee, in assessing my disposable income, to have regard to my income during the twelve months from: _____ to _____.

9. Statement of household income - My income, the aggregate gross income of all members of which I am a member for the twelve (12) month period immediately preceding the date of this application, is as follows:

Name	Employer/source of income	Sum received in 12 months
a)	_____	_____
b)	_____	_____
c)	_____	_____
Total household income		_____

10. Allowances claimed - For the purpose of calculating my disposable income, I claim the following allowances:

a) For my spouse/partner, I claim \$2,000 Allowance claimed _____

b) For the following members of my household (whether or not under the age of 21) who are not financially independent, I claim \$2,000 for each:

Name of dependent	Age	Allowance claimed
_____	_____	_____
_____	_____	_____
Total allowance claimed in sections a) & b)		_____

c) For the following person(s) under the age of 21 years, not being members of my household, who are supported by me pursuant to a court order or otherwise, I claim the amounts paid annually for such support:

Name of dependent	Age	Allowance claimed
_____	_____	_____
_____	_____	_____
Total allowance claimed in section c)		_____

11. Rent/mortgage interest paid annually in respect of premises where I reside (up to a maximum of \$9,600 per annum). *Note: Applicant cannot claim both rent and mortgage allowance.*

a) Rent paid per month _____ b) Mortgage payment/interest _____

If your application is successful, you may be required to contribute a maximum of up to \$750.00 towards your legal costs. Do you understand that obligation? Yes No

DATED THIS _____ DAY OF _____

Signature of Applicant



GOVERNMENT OF BERMUDA

SPECIAL NOTICE TO APPLICANT

Section 15 of the Legal Aid Act 1980 provides as follows: Any applicant or assisted person who, for the purposes of this Act, knowingly makes any false statement or knowingly supplies any false information commits an offence punishable on summary conviction, imprisonment for six (6) months or a fine of \$1,500.

APPLICANT'S STATUTORY DECLARATION

Applicant's full name _____

Address _____

Occupation _____

I, being the Applicant in the above written application, do solemnly and sincerely declare that the statements made by me in this application are true and correct to the best of my information, knowledge and belief.

And, I make this solemn declaration, conscientiously believing the same to be true and, by virtue of the provisions of the Statutory Declarations Act, 1836.

Signature of applicant

DECLARED THIS _____ DAY OF _____

BEFORE ME:

Commissioner for Oaths