

Application for grant of legal assistance

Please complete all questions on this form and email or post it and relevant documents to:

Email: grants@vla.vic.gov.au

Or postal address:

Grants and Quality Assurance
GPO Box 4380
Melbourne VIC 3001

How to get help with this application

Victoria Legal Aid lawyers and private lawyers who do legal aid work can help you complete this form for free and send it to Victoria Legal Aid. They can also help you get information that supports your application. Call [Legal Help](tel:1300792387) on 1300 792 387 to find out who can help you. You can also view a directory of private firms and lawyers who can help at firms.vla.vic.gov.au.

Additional information

This form does not contain all the information you are required to provide when submitting your application for legal assistance. We may ask you further questions or request further documents. If you have a lawyer assisting you with this application, ask them what additional information to include. Lawyers using this form should refer to the relevant ATLAS template if possible.

To find out how we use the information you provide in this application, see [How we will use your information](#) on page 1.

The last page also has information about what to do if you have a [complaint or feedback](#) about our service, our staff or a private lawyer we fund.

For more about grants of legal assistance, see the [Get a lawyer to run your case](#) page on the Victoria Legal Aid website.

How we will use your information

We use the information provided on this form to assess your eligibility for legal assistance. Section 23 (5) of the Legal Aid Act 1978 provides that applicants shall provide us with the information we require to make this assessment. If you do not provide it, we may not be able to assess your eligibility.

We also use the information you provide to update your contact details and to evaluate our services.

We also provide statistical information, after removing names of legal assistance applicants, to government to report on how we are fulfilling our obligations to the community.

In accordance with our privacy and confidentiality obligations, we generally do not disclose your information. However, we will sometimes disclose it to assist in the listing of cases at court, to recover costs, to respond to a court order to provide legal assistance or if we are required by law to disclose it.

More information about how we use and protect your information is set out in our privacy policy. See *How we handle personal information* on our web site www.legalaid.vic.gov.au or by calling a VLA office.

You can request access to the information we hold about you or ask us questions about how we handle your information, by contacting our Internal Legal Services team.

Tel: (03) 9280 3789

Email: privacy@vla.vic.gov.au

Write to: GPO Box 4380, Melbourne VIC 3001

1. Personal details

Title: Select title.

First name: Enter applicant first name.

Middle name: Enter applicant middle name.

Family name: Enter applicant family name.

Gender: Select gender.

If self-described, specify details: Enter gender description.

Date of birth: Enter applicant DOB DD/MM/YYYY. **Date of birth is estimate only**

Your home address (even if you are in custody): Enter home address.

Your postal address (leave blank if same as home address): Enter postal address.

Are you homeless? Yes No

Would you prefer to be contacted by email? Yes No

Email address: Enter email address.

Send all correspondence to lawyer only? Yes No

Contact number/s:

Home: Enter applicant home phone number.

Mobile: Enter applicant mobile number.

Work: Enter applicant work phone number.

Other: Enter applicant other contact number.

2. Additional details

Have you used any other names? Yes No

If yes, please list any other name(s) used: Enter other names.

3. Your background

Country of birth: Enter country of birth.

If you were not born in Australia, which year did you arrive here? Enter year of arrival.

Are you of Aboriginal and/or Torres Strait Islander origin? Select ATSI status.

4. Language

Do you speak a language other than English at home? Yes No (Go to [question 5](#))

Which language? Enter language spoken at home.

How well do you speak English? Select answer.

Do you need an interpreter? Yes No

Which language? Enter interpreter language.

5. Disability

Do you have a disability? Yes No (Go to [question 6](#)) Not stated

What kind of disability? (you can select more than one)

- | | |
|--|---|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Visual (sight) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Not disclosed | <input type="checkbox"/> Other: Enter other disability. |
-

6. Employment status

What is your employment status? Select employment status.

If other, specify employment details: Enter details.

7. Benefit details

Do you receive a Centrelink benefit or income support? Yes No (Go to [question 8](#))

What is your Centrelink reference number? Enter number.

What type of benefit do you receive? (you can select more than one)

- | | |
|---|---|
| <input type="checkbox"/> ABSTUDY* | <input type="checkbox"/> Disability support pension* |
| <input type="checkbox"/> Partner allowance* | <input type="checkbox"/> Widow allowance* |
| <input type="checkbox"/> Age pension* | <input type="checkbox"/> JobSeeker (formerly Newstart)* |
| <input type="checkbox"/> Sickness allowance* | <input type="checkbox"/> Widow B pension* |
| <input type="checkbox"/> Austudy* | <input type="checkbox"/> Youth allowance* |
| <input type="checkbox"/> Special allowance* | <input type="checkbox"/> Wife pension* |
| <input type="checkbox"/> Carer's benefit* | <input type="checkbox"/> Parenting payment* |
| <input type="checkbox"/> Veterans / war service | <input type="checkbox"/> Other: Enter other benefits |

If you receive one of the benefits marked with an asterisk:

Do you receive the maximum rate of benefit? Yes No

8. Custody details

Are you in custody or detention? Yes No (Go to [question 9](#))

Custody/detention location: Enter location.

Date remanded into custody or detention: Select date remanded.

Corrective services ID (not compulsory): Enter corrective services ID.

9. Relationship status

What is your relationship status? Select status.

10. Are you currently experiencing or fleeing family violence? Yes No

11. Partner details

In this form, **'partner'** means spouse or de facto partner, where you have lived together in a genuine domestic relationship for at least six months.

The following are examples of when we don't consider you to have a partner for the purpose of the application for legal assistance:

- they have an opposing interest in your legal proceedings; or
- you have recently separated from them; or
- they live overseas and aren't earning income or don't have assets; or
- they are in prison or detention and don't have assets; or
- they have allegedly used family violence against you either in this matter or in the past; or
- you have allegedly used family violence against them either in this matter in the past; or
- your relationship with them may be damaged if they knew about your legal issue.

Do you have a partner? Yes No

Does your partner receive a Centrelink benefit or income support? Yes No

If yes, what type of benefit do they receive? (you can select more than one)

- | | |
|---|---|
| <input type="checkbox"/> ABSTUDY* | <input type="checkbox"/> Disability support pension* |
| <input type="checkbox"/> Partner allowance* | <input type="checkbox"/> Widow allowance* |
| <input type="checkbox"/> Age pension* | <input type="checkbox"/> JobSeeker (formerly Newstart)* |
| <input type="checkbox"/> Sickness allowance* | <input type="checkbox"/> Widow B pension* |
| <input type="checkbox"/> Austudy* | <input type="checkbox"/> Youth allowance* |
| <input type="checkbox"/> Special allowance* | <input type="checkbox"/> Wife pension* |
| <input type="checkbox"/> Carer's benefit* | <input type="checkbox"/> Parenting payment* |
| <input type="checkbox"/> Veterans / war service | <input type="checkbox"/> Other: Enter other benefits |

If they receive one of the benefits marked with an asterisk:

Do they receive the maximum rate of benefit? Yes No

12. Dependant details

In this form, **'dependant'** means a person who relies on you for financial support including children or elderly parents.

Do any dependants live with you? Yes No

Names of dependants

When answering this question, you need to:

- list those people who are not listed as your partner in [Question 11](#)
- include only those people who live with you.

First name	Family name	Relationship to you	Date of birth
Enter dependant first name.	Enter dependant last name.	Enter dependant relationship to you	Enter dependant DOB DD/MM/YYYY.
Enter dependant first name.	Enter dependant last name.	Enter dependant relationship to you	Enter dependant DOB DD/MM/YYYY.
Enter dependant first name.	Enter dependant last name.	Enter dependant relationship to you	Enter dependant DOB DD/MM/YYYY.
Enter dependant first name.	Enter dependant last name.	Enter dependant relationship to you	Enter dependant DOB DD/MM/YYYY.
Enter dependant first name.	Enter dependant last name.	Enter dependant relationship to you	Enter dependant DOB DD/MM/YYYY.
Enter dependant first name.	Enter dependant last name.	Enter dependant relationship to you	Enter dependant DOB DD/MM/YYYY.

Do you or your partner pay child support/maintenance? Yes No

How many children/maintenance dependants is the payment for? Enter number.

13. Your income (before tax)

Income type	You	Frequency (You)	Your partner	Frequency (partner)
Pensions/benefits/allowances (excluding Family tax benefit and Coronavirus supplement)	Enter amount.	Enter frequency.	Enter amount.	Enter frequency.
Income – employment	Enter amount.	Enter frequency.	Enter amount.	Enter frequency.
Business/self-employed	Enter amount.	Enter frequency.	Enter amount.	Enter frequency.
Child support	Enter amount.	Enter frequency.	Enter amount.	Enter frequency.
Other	Enter amount.	Enter frequency.	Enter amount.	Enter frequency.
Total income	Enter applicant total income.	n/a	Enter partner total income.	n/a

14. Expenses

Expense type	You	Frequency (You)	Your partner	Frequency (Partner)
Income tax	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.

Expense type	You	Frequency (You)	Your partner	Frequency (Partner)
Rent	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Mortgage	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Board	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Rates	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Business expenses	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Childcare	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Child support / Child maintenance / Spousal maintenance	Enter amount.	Enter expense frequency.	Enter amount.	Enter expense frequency.
Total expenses	Enter applicant's total expenses.	n/a	Enter partner's total expenses.	n/a

15. Assets

Asset type	Total value	Your share	Your partner's share
Home	Enter amount.	Enter amount.	Enter amount.
Home mortgage	Enter amount.	Enter amount.	Enter amount.
Other real estate	Enter amount.	Enter amount.	Enter amount.
Other mortgage	Enter amount.	Enter amount.	Enter amount.
Farm/business	Enter amount.	Enter amount.	Enter amount.
Farm/business mortgage	Enter amount.	Enter amount.	Enter amount.
Motor vehicle	Enter amount.	Enter amount.	Enter amount.
Motor vehicle loan	Enter amount.	Enter amount.	Enter amount.
Cash/savings	Enter amount.	Enter amount.	Enter amount.
Other assets: Specify other assets.	Enter amount.	Enter amount.	Enter amount.
Total assets	Enter total assets.	Enter applicant's total assets.	Enter partner's total assets.

If you are a homeowner:

What is the property address? Enter address.

What name(s) are on the property title? Enter names.

Have any of your assets been seized, frozen or restrained by the police or the court? Yes No



If you tick **YES**, please provide copies of all relevant court orders.
Please provide full details of the assets in the above table.

Business

Are you or your partner:

Self-employed? Yes No

A shareholder in a private company? Yes No

Receiving money from a trust? Yes No

A partner or director in a business or company? Yes No

Receiving any other benefit from a business or company? Yes No

If **yes** to any of the above, please provide details: Enter details.



If you have any interest in a business or a farm, you will need to provide:

- profit and loss accounts for the past 12 months
- tax returns for the last financial year
- bank statements for the past three months.

16. Other parties

For some disputes (for example, a family law matter) Victoria Legal Aid may use the information provided in this section to contact the other party to attempt appropriate dispute resolution.

Are there other parties to this matter? Yes No (Go to [question 17](#))

If **yes**, specify whether the other party is: A person An institution

If the other party is an **institution**, please provide details below:

Name of institution: Enter institution name.

If the other party is a **person**, please provide details below:

Title: Select title.

First name: Enter other party's first name.

Middle name: Enter other party's middle name.

Family name: Enter other party's family name.

Gender: Select gender. **If self-described, specify details:** Enter gender description.

Date of birth: Enter other party's DOB DD/MM/YYYY.

Is this date of birth an estimate only? Yes No

Phone: Enter other party's phone number.

Mobile: Enter other party's mobile number.

Email address: Enter other party's email address.

Address: Enter other party's address.

Please describe the other party's relationship to you: Select relationship.

If other, specify: Enter other party's relationship to applicant.

Please describe the other party's role in these proceedings: Select role.

If other, specify: Enter other party's role in proceedings.

Details of other party's lawyer

Name of lawyer: Enter lawyer's name.

Name of firm: Enter lawyer's firm.

Phone: Enter lawyer's phone number.

Fax: Enter lawyer's fax number.

Email address: Enter lawyer's email address.

Postal address: Enter lawyer's postal address.

17. Court hearings

Are there any proceedings? Select an item.

When is the next hearing date? Enter next hearing date DD/MM/YY.

Which court/tribunal do you have to go to? Enter court/tribunal for next hearing.

What is your role in these proceedings? Select role.

If other, specify: Enter role in proceedings.

What type of hearing is it? Select hearing type.

If other, specify: Enter other court hearing type.

Court proceedings number (not mandatory): Enter court proceedings number.

18. Payment of fees

Have you or any other person paid any of your legal fees for this case? Yes No

If yes, name of the person who paid the legal fees:

Relationship to you: Enter relationship to applicant of person who paid legal fees.

Amount paid by you or the other person: Enter amount of legal fees paid.

If you or another person has paid previous fees in this matter, please fully outline the reason why you or the other person cannot continue to pay your legal costs: Enter reason(s).



Please provide copies of receipts and bank statements if you have paid any legal fees for this case.

19. Your lawyer

Who do you want as a lawyer?

Firm and/or lawyer name and contact details: Enter name and contact details.

If you have a lawyer assisting you with this application, we recommend that you ask the lawyer to submit the application on your behalf.

20. Your legal problem

What type of law applies to your legal problem?

- Criminal law Family law
 Family violence Civil law (please specify, e.g. inquest, discrimination): Enter details.

Are any of the following factors relevant to your legal problem?

- Family violence – victim/survivor Family violence – alleged perpetrator
 COVID-19 Ice
 Alcohol Drugs – other
-

21. Describe your legal problem

For criminal matters, please provide details of the charges. For family matters and family violence matters, please specify the issue(s), the background, and the orders being sought (e.g. residence of children).

Provide details of your legal problem here.



Please provide copies of any relevant documents.

If you have a lawyer who you wish to act on your behalf, [questions 21, 22, 23 and 24](#) must be completed by that lawyer. If you do not have a lawyer, you are not required to complete [questions 21, 22, 23 and 24](#).

22. Please identify and address the Victoria Legal Aid guideline under which assistance is being sought

Identify and address VLA guideline here.



Help: Please see the VLA Handbook at handbook.vla.vic.gov.au.

23. Please set out the merits of the application

(This question does not need to be completed in indictable matters)

Set out the merits of the application here.

24. Please outline the detriment to the applicant if this application is refused

Outline details here.



Help: Please see the VLA Handbook at handbook.vla.vic.gov.au.

25. Criminal prosecutions only

Do you have any prior convictions? Yes No

If **yes**, please outline:

Year	Offence	Penalty
Enter year.	Enter offence.	Enter penalty.
Enter year.	Enter offence.	Enter penalty.
Enter year.	Enter offence.	Enter penalty.
Enter year.	Enter offence.	Enter penalty.



Please provide charge sheets, prosecution summary and conviction history sheets if available.

26. Criminal appeals only

Do you wish to appeal a conviction? Yes No

Do you wish to appeal against a sentence? Yes No

Please provide details: Enter details.

Which court made the decision? Enter court.

What was the date of the original decision? Enter date of original decision.

27. Family law matters only (including child protection matters)

Details of children

Are there any children relevant to your legal problem? Yes No

If **yes**, give details: Enter details.

Child 1

First name: Enter child 1 first name.

Middle name: Enter child 1 middle name.

Family name: Enter child 1 family name.

Male/female/other: Enter child 1 gender.

Date of birth: Enter child 1 DOB DD/MM/YYYY.

Relationship to you: Enter child 1 relationship to applicant.

Relationship to the person they live with (e.g. mother)? Enter child 1 relationship to person.

Since when? Enter date DD/MM/YYYY.

Child 2

First name: Enter child 2 first name.

Middle name: Enter child 2 middle name.

Family name: Enter child 2 family name.

Male/female/other: Enter child 2 gender.

Date of birth: Enter child 2 DOB DD/MM/YYYY.

Relationship to you: Enter child 2 relationship to applicant.

Relationship to the person they live with (e.g. mother)? Enter child 2 relationship to person.

Since when? Enter date.

Child 3:

First name: Enter child 3 first name.

Middle name: Enter child 3 middle name.

Family name: Enter child 3 family name.

Male/female/other: Enter child 3 gender.

Date of birth: Enter child 3 DOB DD/MM/YYYY.

Relationship to you: Enter child 3 relationship to applicant.

Relationship to the person they live with (e.g. mother)? Enter child 3 relationship to person.

Since when? Enter date.

Child 4:

First name: Enter child 4 first name.

Middle name: Enter child 4 middle name.

Family name: Enter child 4 family name.

Male/female/other: Enter child 4 gender.

Date of birth: Enter child 4 DOB DD/MM/YYYY.

Relationship to you: Enter child 4 relationship to applicant.

Relationship to the person they live with (e.g. mother)? Enter child 4 relationship to person.

Since when? Enter date.

Child 5:

First name: Enter child 5 first name.

Middle name: Enter child 5 middle name.

Family name: Enter child 5 family name.

Male/female/other: Enter child 5 gender.

Date of birth: Enter child 5 DOB DD/MM/YYYY.

Relationship to you: Enter child 5 relationship to applicant.

Relationship to the person they live with (e.g. mother)? Enter child 5 relationship to person.

Since when? Enter date.

Existing orders

Are there any current family law or child orders in relation to this matter? Select an item.

If **yes**, **date of order(s):** Enter date of existing order.

Court or tribunal which made the order?

- Children's court Family court
 Federal Magistrates Court Magistrates' Court of Victoria

Type of order:

- Family law Child support
 Family violence Child welfare



Please provide copies of these orders.

Details of dispute

Did you live with the other party? Yes No

If **yes**:

Date of marriage (if applicable): Enter date of marriage DD/MM/YYYY.

Date de facto relationship started (if applicable): Enter date de facto relationship started DD/MM/YYYY.

Date of separation: Enter date of separation DD/MM/YYYY.

Date of divorce (if applicable): Enter date of divorce DD/MM/YYYY.

Have you attended family dispute resolution with a registered family dispute practitioner?

Yes No

Victoria Legal Aid offers a service called Victoria Legal Aid Family Dispute Resolution Service. We usually require applications for family law assistance to attend this service.

If you do not wish to attend Victoria Legal Aid Family Dispute Resolution Service before starting court proceedings, please provide reasons as to why you consider the service is not appropriate:

Enter reason(s).

Safety fears

Do you fear for your safety? Yes No

Do you fear for the safety of your children? Yes No

Are there any current investigations about child abuse? Yes No

Is there a family violence order in place for your protection? No Yes, interim Yes, final

Is there any family violence order in place for the protection of the children relevant to these proceedings? No Yes, interim Yes, final

If **yes**, what is your role in the family violence order for the protection of the children? Select your role.

If **other**, specify: Enter other role.

28. Applicant declaration

I, Enter applicant full name.

of Enter applicant address.

- i) acknowledge that it is an offence to:
- fail to disclose information required of me which I know to be relevant to this application for legal assistance
 - provide false information to Victoria Legal Aid directly or via my legal practitioner in connection with this application for legal assistance
 - make false statement either or orally or in writing in relation to this application for legal assistance
- ii) have received a copy of Victoria Legal Aid's privacy statement
- iii) consent to the submission of the application for legal assistance by electronic means to Victoria Legal Aid via the ATLAS grants management system.

Applicant signature: Enter applicant signature or e-signature.

Date: Enter date signed.

Centrelink consent and authority

I, Enter applicant full name.

authorise:

- Victoria Legal Aid to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service
- Services Australia to provide the results of that enquiry to Victoria Legal Aid.

I understand that:

- the department will disclose my personal information to Victoria Legal Aid including my name, address, payment status, payment type and amount to confirm my eligibility for legal assistance
- this consent, once signed, remains valid while I am a customer of Victoria Legal Aid unless I withdraw it by contacting Victoria Legal Aid or the department
- I can obtain proof of my circumstances/details from the department and provide it to Victoria Legal Aid so that my eligibility for legal assistance can be determined
- if I withdraw consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the grant of aid provided by Victoria Legal Aid.

Applicant signature: Enter applicant signature or e-signature.

Note: For applications completed by third parties (including practitioners) on behalf of an applicant, Centrelink requires confirmation of identity.

Confirmation of the applicant's identity was undertaken by Enter full name. **by way of:**

verbal communication written/electronic communication

Date: Enter date signed.



Help: During the COVID-19 pandemic, Victoria Legal Aid has determined that applicants who apply for legal assistance with the help of a legal practitioner can make the required declarations by phone or email instead of signing application forms in person. Download proformas for these declaration records at: [Changes to our services due to COVID-19](#)

29. Proof of means

Please note, the means test does not apply if you:

- are seeking a grant of a review of a crimes mental impairment matter; or
- are seeking a grant for a war veteran's matter; or
- are 18 years or younger and are seeking a grant of a Children's Court or Commonwealth Family Law matter.

Are you seeking a waiver of the obligation to provide proof of means? Yes No

If yes, tick whichever applies:

I seek a waiver to providing proof of means on the following basis:

- I am in custody or detention and have savings and investments less than or equal to \$1095
- I am in custody or detention and I am applying for assistance for a bail application
- I am in custody or detention and I am applying for the assistance for a summary crime proceeding that will be heard and determined within seven days of the date of my application for legal assistance
- I am of Aboriginal and/or Torres Strait Islander origin
- I am experiencing or fleeing family violence
- I am homeless
- I live in a remote location*



Your checklist

Before you send in the application, check you have:

- Answered all relevant questions
- Attached copies of all financial documents relevant to your case (e.g. bank statements, payslips, tax returns, pension or health care cards)
- Attached copies of all other/court/legal documents relevant to your case (e.g. court orders, charge sheets)
- Signed the 'Applicant declaration' and 'Centrelink consent and authority'

*Remote location is described by the Australian Taxation Office as being more than 100km from a large metropolitan area with more than 130,000 people and more than 40km from a large regional town of more than 14,000 people, as of the 1981 census.

The following is the list of Victorian towns that are classified as remote:

Alexandra	Ararat	Avoca	Bairnsdale
Beaufort	Benalla	Bright	Camperdown
Casterton	Charlton	Cobden	Cobram
Cohuna	Colac	Coleraine	Corryong
Cowes	Dimboola	Donald	Echuca-Moama
Euroa	Foster	Hamilton	Heathcote
Heyfield	Heywood	Horsham	Inverloch
Kerang	Koondrook-Barham	Korumburra	Lakes Entrance
Leongatha	Lorne	Maffra	Mansfield
Maryborough	Mirboo North	Mortlake	Mount Beauty
Myrtleford	Nagambie	Nathalia	Newhaven
Nhill	Orbost	Ouyen	Paynesville
Portland	Robinvale	Rochester	Rutherglen
St Arnaud	Sale	Seymour	Stawell
Stratford	Swan Hill	Terang	Tongala
Wahgunyah-Corowa	Warracknabeal	Wonthaggi	Yarram
Yarrawonga-Mulwala			

Feedback and complaints

We aim to resolve complaints quickly and fairly.

Please contact us if you have a complaint about our service, our staff or a private lawyer we fund.

Our Internal Legal Services team will listen to your complaint and advise you about how it can be resolved.

Phone: (03) 9280 3789

Email: complaints@vla.vic.gov.au

Write to: GPO Box 4380, Melbourne VIC 3001