1978 No. 200

LEGAL AID AND ADVICE

Legal Aid in Criminal Cases (Statement of Means) Rules (Northern Ireland) 1978

Made ' 19th July 1978 1st September 1978 Coming into operation

To be laid before Parliament

The Secretary of State in pursuance of sections 24(1) and 27(3) of the Legal Aid and Advice Act (Northern Ireland) 1965(a), after consultation with the Lord Chief Justice, the Attorney General, the County Court Rules Committee and the Magistrates' Courts Rules Committee and with the approval of the Treasury(b), hereby makes the following rules:

Citation and commencement

1. These rules may be cited as the Legal Aid in Criminal Cases (Statement of Means) Rules (Northern Ireland) 1978 and shall come into operation on 1st September 1978.

Revocation

2. The Legal Aid in Criminal Cases (Statement of Means) Rules (Northern Ireland) 1966(c) are hereby revoked.

Form of statement of means

3. The form set out in the schedule shall be the prescribed form for the purposes of section 24(1) of the Legal Aid and Advice Act (Northern Ireland) 1965 (statement of means for purposes of legal aid in criminal proceedings).

Roy Mason

Northern Ireland Office 19th July 1978

One of Her Majesty's Principal Secretaries of State

T. E. Graham

J. Dormond

We approve 19th July 1978 Two of the Lords Commissioners of Her Majesty's Treasury

⁽a) 1965 c. 8 (N.I.) as modified by S.I. 1973/2163 (1973 III, p. 7541)
(b) Formerly the Ministry of Finance for Northern Ireland: see S.I. 1973/2163 (1973 III,

⁽c) S.R. & O. (N.I.) 1966 No. 55 (p. 225)

SCHEDULE

STATEMENT OF MEANS OF AN APPLICANT FOR LEGAL AID IN A CRIMINAL CASE UNDER PART II OF THE LEGAL AID AND ADVICE ACT (NORTHERN IRELAND) 1965

If you wish to obtain legal aid in a criminal case you must first complete this form which will be used to determine whether you are entitled to legal aid.

Warning: IF, IN COMPLETING THIS STATEMENT, YOU KNOWINGLY MAKE ANY FALSE STATEMENT OR FALSE REPRESENTATION YOU WILL BE LIABLE TO PROSECUTION AND IF FOUND GUILTY COULD BE FINED £100 OR IMPRISONED FOR UP TO 3 MONTHS OR BOTH.

PLEASE COMPLETE IN BLOCK CAPITALS

1.	Surname (Mr./Mrs./Miss/Ms.)
2.	Other names
3.	(a) Date of Birth (b) National Insurance No.
	(if known)
4.	Permanent address
5.	If staying at temporary accommodation state address
-	
6.	Name and address of solicitor requested (if known)
7.	State whether married/married, living apart/single/widowed/divorced (delete as appropriate)
	Are you currently receiving— (a) Supplementary benefit? (Yes/No) (b) Family Income Supplement? (Yes/No)

Note-

IF YOU ARE RECEIVING SUPPLEMENTARY BENEFIT OR FAMILY INCOME SUPPLEMENT YOU NEED NOT ANSWER ANY FURTHER QUESTIONS ON THIS FORM. YOU MUST, HOWEVER, READ AND SIGN THE DECLARATION AT THE END

9.	State occupation or profession
10.	State whether you are employed/self-employed/unemployed (delete as appropriate)
11.	If you are employed state
	(a) Whether full-time or part-time and
·.	(b) Name and address of your employer
	(a) (b)
-	
	• • • • • • • • • • • • • • • • • • • •
12.	What is your average weekly take-home pay (i.e., earnings after deductions
	of Income Tax and National Insurance? £
13.	If self-employed state annual net income £
14.	Is your spouse employed? (Yes/No) or self-employed? (Yes/No)
	If either answer is Yes state his/her
	(a) Occupation
	(b) Name and address of employer
	(c) Approximate weekly earnings
	The state of the s
15.	Do you or your spouse have any other income? (e.g. interest from invest-
	ments or rents received) (Yes/No)
	If the answer is Yes give details and amounts (including names of banks, Building Societies, etc. from which interest is received, and state type of benefits, pensions, etc. received.
16.	Do you or your spouse have any savings, money, property or other goods of value? (Yes/No)
	If Yes give details
	The give details

17.	17. Have you any dependants? (Yes/No)			
	If Yes give details (including names, ages and addresses if different from			
	OWIN			
18.	State the amount you pay per week for:			
	(a) Rent	£		
	(b) Rates	£		
	(c) Mortgagė	£		
	(d) Board and lodging charge or contribution for keep	£		
19.	Do you have any other exceptional expenses which you	ı feel should be taken		
	into account? (Yes/No)			
	If the answer is Yes give details			
20.	If you are under 18 state the name and address of you	ir parent or guardian		
	•			
• • • •				
21.	If you are under 18 are your parents willing to assist y	ou financially in pro-		
	viding you with legal aid? (Yes/No)			
DEC	CLARATION			
true Con	cclare that to the best of my knowledge and belief the and I understand that the Court may require the Summission to enquire into my means before or after the g Certificate.	oplementary Benefits		
Sign	ature			
Date	9			

EXPLANATORY NOTE

(This note is not part of the rules but is intended to indicate their general purport.)

These rules revoke the Legal Aid in Criminal Cases (Statement of Means) Rules (Northern Ireland) 1966 and provide a new form of statement of means which, in criminal proceedings, an applicant for legal aid under any of the provisions mentioned in section 23 of the Legal Aid and Advice Act (Northern Ireland) 1965 may be required to furnish under section 24 of that Act.