

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE

Rule 5

Form 2

Statement of Means of an Applicant under Article 28A of the Legal Aid, Advice and Assistance (Northern Ireland) Order 1981

DIVERSIONARY YOUTH CONFERENCE

- i) If you wish to obtain legal aid you must first complete this application form which will be used to determine whether you are entitled to legal aid.
- ii) **WARNING** – If, in completing this application form, you knowingly make any false statement or false representation you will be liable to prosecution and if found guilty liable to a fine or imprisonment for up to 3 months or both.
- iii) Any change of financial circumstances **must** be notified **immediately** to the court in which this application is lodged.
- iv) Please use **BLOCK** letters in black ink or type when completing this application form.

Section 1 – To be completed by the Applicant

PART A – The Applicant (i.e. person subject to the youth conference)	For Official Use Only PIN <input type="text"/> Case No <input type="text"/>
1. National Insurance No. <input type="text"/> (if aged 16 or over)	
2. Date of Birth <input type="text"/> Current age <input type="text"/>	
3. Surname _____ Mr/Mrs/Miss/Ms	
4. Forename(s) _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
5. Permanent Address _____ _____ Post Code <input type="text"/>	
6. If staying at temporary accommodation then please state this address below:- _____ _____ Post Code <input type="text"/>	
7. Marital Status Single <input type="checkbox"/> Single and living with partner <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Please Specify	
8. If filling in this application on behalf of the applicant please state the relationship to the applicant (e.g. parent/guardian) <input type="text"/>	

PART B – Case Details			
9. A copy of the letter from the Youth Conference Service must accompany this application. <table border="0"><tr><td><u>Offence(s)</u></td><td><u>Date of Offence</u></td><td><u>Date & Venue of Youth Conference</u></td></tr></table>	<u>Offence(s)</u>	<u>Date of Offence</u>	<u>Date & Venue of Youth Conference</u>
<u>Offence(s)</u>	<u>Date of Offence</u>	<u>Date & Venue of Youth Conference</u>	
10. Has an application been submitted for free legal aid under Article 28 of the Legal Aid, Advice and Assistance (Northern Ireland) Order 1981 (Free legal aid in the magistrates' court) in respect of the same subject matter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was the outcome of the application? Granted <input type="checkbox"/> Refused <input type="checkbox"/>			

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PART C – Employment/Financial Status

11. Employed Unemployed Self-Employed

Total Nett Weekly Income £ Total Weekly Expenditure £

Please give details of expenditure:

PART D – Declaration

Declaration by Applicant:- I am aware that if I have knowingly made a statement which is false, or knowingly withheld information in this application, then I may be prosecuted. Such prosecution could lead to a conviction. The penalty if convicted could be a fine, imprisonment of up to three months or both under Article 32(1) of the Legal Aid, Advice and Assistance (Northern Ireland) Order 1981.

I declare that to the best of my knowledge and belief the information provided in this application is accurate and complete.

I acknowledge that I must inform the court if my financial position alters in any way after submitting this application.

I hereby give my consent to the court taking such steps as it may consider necessary to verify the accuracy of the information contained within this application.

Applicant's Signature Date _____

Section 2 – To be completed by the Applicant's Legal Representative

PART E – Details of Legal Representative

12. Instructing Solicitor's Name Instructing Solicitor's LSC Ref No.

Firm's Name Firm's Code No.

Address _____

Post Code Correspondence ref.

Tel. No. Fax No. e-mail:

Declaration by Solicitor:-

I confirm that I have agreed to act on behalf of the applicant if legal aid is granted.

Signature of Solicitor:- _____

Date:- _____

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Section 3 – To be completed by the Court

PART F - Decision of the Court

13.

Granted in the interests of justice

Refused on the following grounds:-

Signature _____ Resident Magistrate Date _____
[or Justice of the Peace]

If your application for Legal Aid is refused you can apply in person to a Magistrates' Court