

Application request

Representation Higher *Matrimonial*

(This form has been designed to capture case information in the order that you will be required to data input it into LAMS. All fields marked with an * are mandatory and so you should ensure those fields are completed in order to have sufficient information to submit an application on LAMS).

Level of Service:

Representation Higher Courts

Nature:

eg Matrimonial / Civil Partnership

Matter:

eg Dissolution Divorce 2 years
with consent

Application request – Representation Higher Matrimonial

**indicates that this box must be completed*

Take/Defend

*Take/Defend Take Defend Both To be represented
(please tick)

Linked case

*Does the application relate to an appeal to a higher court?

*If Yes Was your client legally aided in the lower court under Representation Higher?

*If No Does the application relate to a new trial ordered by an appellate court before whom the applicant was an assisted party?

*If Yes
Associated case reference

*Has there been a change in financial circumstances which might affect the applicant's continued eligibility to receive funded services? (please tick) Yes No

If Yes, you will be required to complete the Full Financial Information proforma.

If No, continue to complete the remainder of this application request. There is no need to complete a new financial form.

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**indicates that this box must be completed*

Supplementary questions

*Is this an emergency application? *(please tick)* Yes No

If Yes

*Specify the details of the urgency of the application

*Does the applicant have a partner? *(please tick)* Yes No

If Yes

*Is the partner the opponent in the case? *(please tick)* Yes No

Application request – Representation Higher Matrimonial

**indicates that this box must be completed*

Details of applicant - continued

Primary contact number

Alternative contact number

Email address

Applicant's address

Applicant's
correspondence address
(if different)

*Address line 1

*Address line 2

*Post town

*Country

*Postcode

Solicitor correspondence address for case

Postcode

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Passport benefits

*Is the applicant in receipt of any of the following passport benefits? *(Please tick)*

- Income Support
 Income Based Job Seeker's Allowance
 Guarantee State Pension Credit
 Income Relation Employment and Support Allowance
 Universal credit

If Yes, you will be required to provide supporting evidence. It will not be necessary to complete a full financial form.

None of the above

If your client is not in receipt of a passport benefit, it will be necessary to complete a full financial form.

*Has your client advised you that he/she has no capital or income? *(please tick)*

Yes No

If Yes

*How does your client survive financially?

If limited financial information only is provided for the emergency application request, you will be asked to complete the full financial form before the full application can be processed in accordance with the guidelines specified by the Legal Services Agency.

*Are you providing limited or full financial information?

Full Financial information
See 'Civil Legal Services – Full Financial Information proforma'

Limited Financial information

See 'Civil Legal Services – Limited Financial Information proforma'

Application request – Representation Higher Matrimonial

**indicates that this box must be completed*

Other information

Case details

*Has a court date been set? Yes No

(please tick)

If Yes
*Provide date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Date of instruction

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

If No
*Date of instruction

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Court tier

*Has this case been referred Yes No

from another court tier?

(please tick)

If Yes
*Referred court tier

*On what fact/statutory grounds does the applicant intend to evidence the irretrievable breakdown of marriage/civil partnership?

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**indicates that this box must be completed*

Other information – continued

Case details – continued

*A full detailed statement of the facts of the case to be completed in first person.

*Solicitor's detailed comments on the merits of the application should be stated in relation to Taking, Defending or being a Party to these proceedings. Copies of the proceedings, corroborative evidence, relevant inter party correspondence etc should be uploaded.

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Other information – continued

Case details – continued

*Have steps been taken to resolve the dispute/claim? Yes No
(please tick)

If Yes

*Provide details of all steps you have taken to resolve the dispute/claim and if the opponent has responded or made any proposal or offer of settlement to resolve the matter.

If No

*Provide details of why steps have not been taken.

All relevant interparty correspondence to include, if applicable, the letter from the opponent which demonstrates that the matter cannot be resolved and necessitates proceedings should be provided.

Application request – Representation Higher Matrimonial

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Other information – continued

Case details – continued

*Have proceedings been issued? *(please tick)* Yes No – proceed to next question

If Yes

Please provide ICOS number

Hearing Date Day Month Year

Please ensure copy of proceedings is provided.

*Has the applicant ever been adjudicated bankrupt? *(please tick)* Yes No

If Yes

*Provide details

If applicable, provide an estimate of the monetary value of the claim

£

*Do you need leave from court to start proceedings? *(please tick)* Yes No Granted

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Level of representation

*Do you want to submit a level of presentation request? *(please tick)* Yes No

*Are you requesting Junior Counsel? *(please tick)* Yes No

*Are you requesting Senior Counsel? *(please tick)* Yes No

*How is the opponent funded? *(please tick)*

Legally aided

Privately funded/fee paying

Not known

Other

***If other**, Specify

*Have any other parties engaged a higher level of representation? *(please tick)* Yes No Not known

***If Yes**, Specify (in detail)

Ensure you provide all relevant documentation to support your request.

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Legal aid history

*Has the application been in any previous or currently ongoing related proceedings? Yes No
(please tick)

If Yes

*Please provide details of any previous or currently ongoing related proceedings.

*Has the applicant previously applied for legal aid or received Advice and Assistance about this matter or any other relevant proceedings? Yes No
(please tick)

If Yes

*Please provide details of any previously applied for legal aid or received Advice and Assistance about this matter or any other relevant proceedings.

*Has the applicant previously applied for legal aid or received Advice and Assistance about any other matter? Yes No
(please tick)

If Yes

*Please provide details of any previously applied for legal aid or received Advice and Assistance about any other matter.

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Associated party

Note: this is only applicable when acting for a child or patient

*Is there an associated party? Yes No
(please tick)

If Yes, *What type of party is associated with the case? Person
(please tick) Organisation
 Guardian ad Litem
 Committee appointed under Part 5 of the Mental Health (NI) (Order) 1986(a)

Please provide details below

Associated party's
address

Associated party's
correspondence address
(if different)

Company name

*Address line 1

*Address line 2

*Post town

*Country

*Postcode

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Opponents

*Is the opponent a person Person
or an organisation? *(please tick)* Organisation

*Title Mr Mrs Miss Ms Master
(please tick) Mx Other

*First name

*Last name

*Relationship to applicant? Civil Partner
(please tick) Ex-partner

Other
 Spouse

*Occupation status Employed Minor Retired
(please tick) Self-employed Student Unemployed
 Unknown

*Has your opponent been Yes No Not known
granted legal aid in respect of
these proceedings? *(please tick)*

If Yes

*Do you know the legal Yes No
reference number? *(please tick)*

If Yes

*Legal aid reference number

Firm name of opponents solicitor

If No

Firm name of opponents solicitor

Application request – Representation Higher Matrimonial

**indicates that this box must be completed*

Opponent – continued

Opponent person's
address

Opponent person's
correspondence address
(if different)

Company name	<input type="text"/>
*Address line 1	<input type="text"/>
*Address line 2	<input type="text"/>
*Post town	<input type="text"/>
*Country	<input type="text"/>
*Postcode	<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Solicitor details

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/> Postcode

Costs estimate

- *Applicant's prospects of success *(please tick)*
- Very good: 80%– 100%
 - Good: 60% – 79%
 - Moderate: 50% – 59%
 - Borderline: Facts in dispute
 - Poor: Clearly less than 50%
 - Unclear: Further investigation required

*Estimate of full legal aid costs excluding VAT £

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Matrimonial details

Your marriage/civil partnership

*Does the applicant satisfy Yes No
the domiciliary requirements
to proceed in this jurisdiction?

If Yes

*Are you/have you been married Yes No
or in a civil partnership with
the opponent?

*Date of marriage/civil partnership
Day Month Year

*Place of marriage/civil partnership

For the following question the additional details required are the same regardless of the answer being Y/N

*Did you leave your opponent? Yes No

Date last lived together
Day Month Year

Provide the address of the
property where you live or
last lived with the opponent

 Postcode

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Children's details and previous proceedings

In this field you will be required to provide details of any children or previous proceedings, if you answer Yes to either question.

*Are there any children of the family? Yes No
(please tick)

Children of family

If Yes

First Name

Last Name

Date of birth

Day

Month

Year

With whom are they living?

Add Child

First Name

Last Name

Date of birth

Day

Month

Year

With whom are they living?

Add Child

First Name

Last Name

Date of birth

Day

Month

Year

With whom are they living?

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Children's details and previous proceedings – continued

*Has there been any previous proceedings in respect of the marriage/civil partnership or any children mentioned above? Yes No

Previous proceedings

Nature of proceedings

Date concluded Day Month Year

Court tier

Result of the proceeding

Nature of proceedings

Date concluded Day Month Year

Court tier

Result of the proceeding

Other people

*Is there another person associated with this application? Yes No
(please tick)

If Yes

First name

Last name

Role

Address

Add other person

First name

Last name

Role

Address

Application Declaration

Your client should now be asked to complete and sign the appropriate 'Applicant Declaration'.

These are available on our website under 'LAMS proformas' and vary depending on the proceedings type and whether that type is the subject of means testing.

Ensure all supporting relevant documentation is provided with your application.