

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:

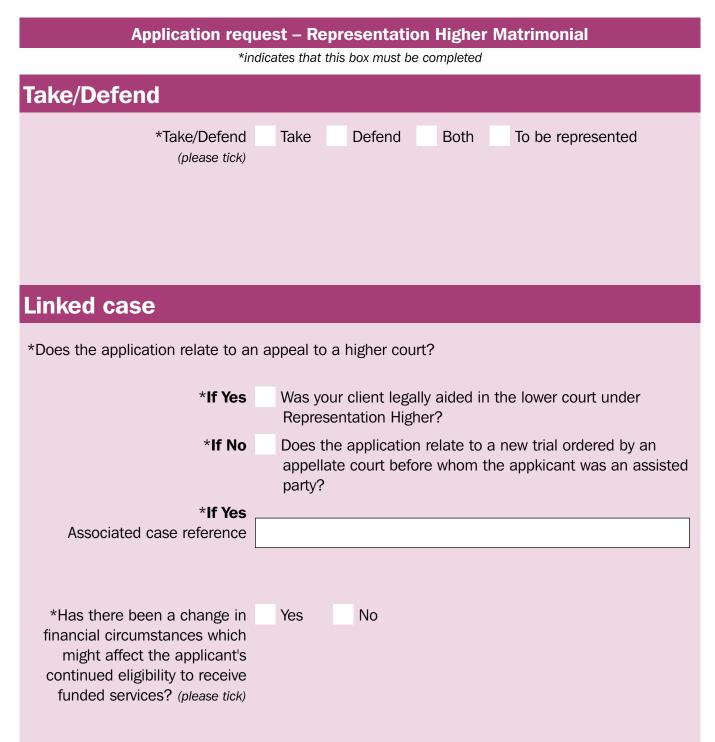
eg Matrimonial / Civil Partnership

Matter:

eg Dissolution Divorce 2 years with consent

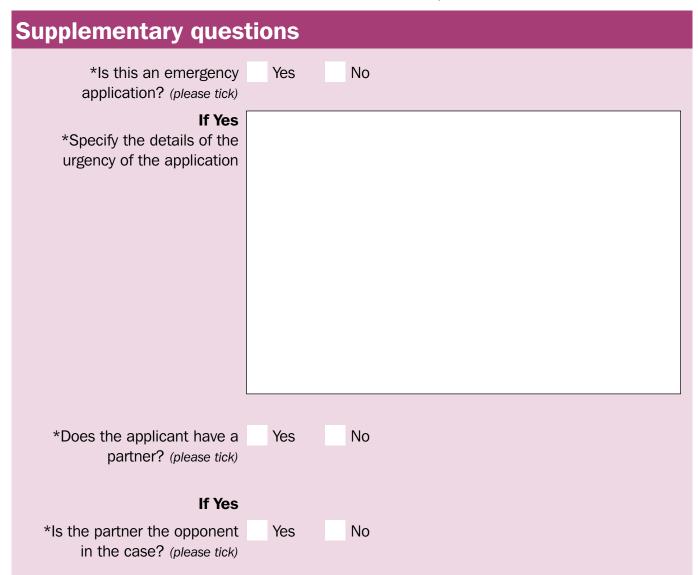






If Yes, you will be required to complete the Full Financial Information proforma.

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



Details of applicant					
*Title (please tick)	Mr Mx	Mrs Other	Miss	Ms Master	
*First name Middle name(s)					
*Last name Maiden name or other previously known name(s)					
Occupation status (please tick)	Employ Self-er	ved nployed	Minor Student	Retired Unemployed	
*Date of Birth	Unknown Day Month Year				
*Gender *Is National Insurance Number available (please tick)	Male Yes	Femal No	le Other	Prefer not to answer	
If Yes *National Insurance Number					
If No *Reason for National Insurance Number not available (please tick)	Minor applicant under 15 years 9 months				
	Applicant refused to provide itNINO is not known by applicantApplicant is in custody, does not know NINO				

*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

*indicates that this box must be completed

Passport benefits					
*Is the applicant in receipt of any of the following passport benefits? (<i>Please tick</i>)	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'

Other information	
Case details	
*Has a court date been set? (please tick)	Yes No
If Yes *Provide date	Day Month Year
*Date of instruction	Day Month Year
If No *Date of instruction	Day Month Year
*Court tier	
*Has this case been referred from another court tier? (please tick)	Yes No
If Yes *Referred court tier	
*On what fact/statutory grounds does the applicant intend to evidence the irretrievable breakdown of marriage/civil partnership?	

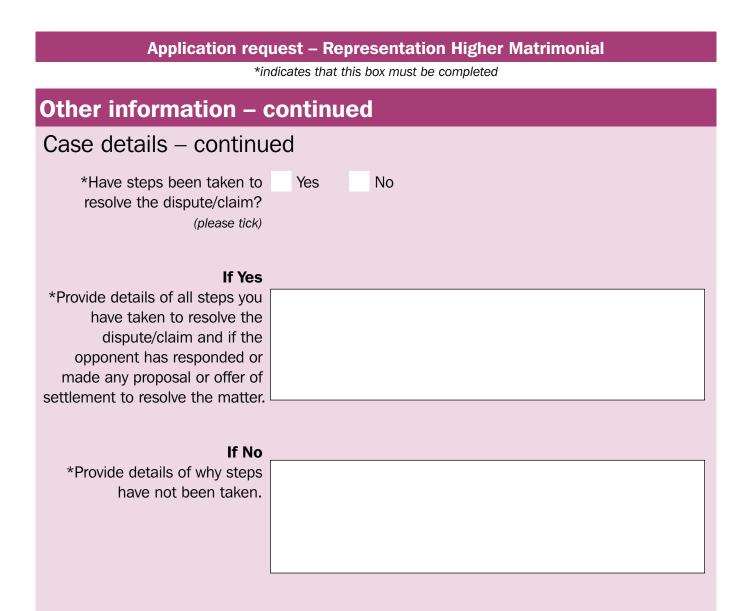
*indicates that this box must be completed

Other information – continued

Case details – continued

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

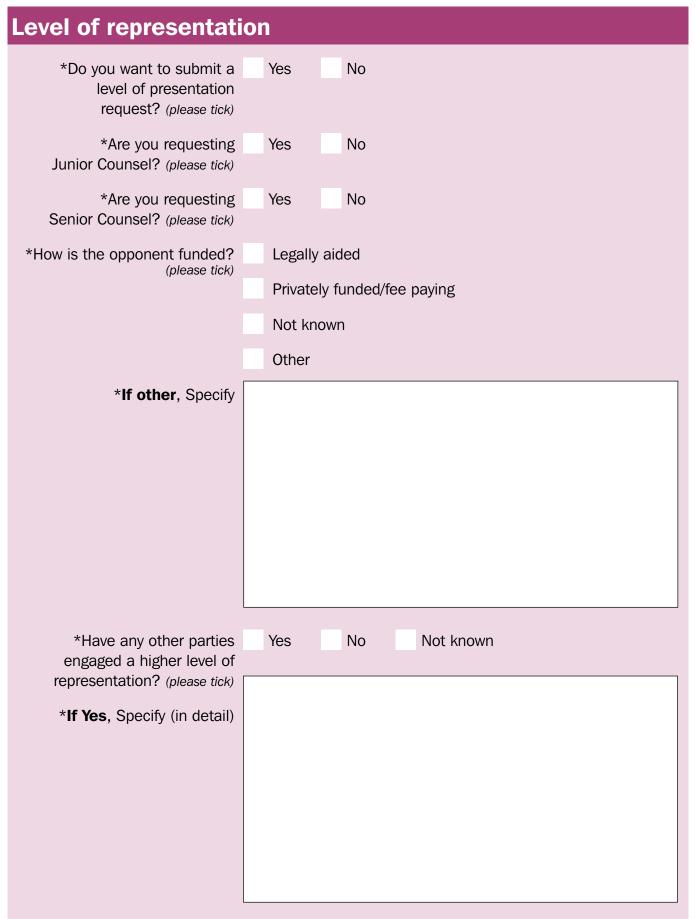
*Solicitor's detailed comments on the merits of the application should be stated in relation to Taking, Defending or being a Party to these proceedings. Copies of the proceedings, corroborative evidence, relevant inter party correspondence etc should be uploaded.



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 req	uest – Representation Higher Matrimonial				
*indicates that this box must be completed					
Other information – o	continued				
Case details – continu	ed				
*Have proceedings been issued? (please tick) If Yes	Yes No – proceed to next question				
Please provide ICOS number					
Hearing Date	Day Month Year				
Please ensure copy of pro	ceedings 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				

*indicates that this box must be completed



Ensure you provide all relevant documentation to support your request.

Legal aid history				
*Has the application been in any previous or currently ongoing related proceedings? (please tick)	Yes	No		
If Yes *Please provide details of any				
previous or currently ongoing related proceedings.			 	
*Hap the applicant providually	Vac	No		
*Has the applicant previously applied for legal aid or received	Yes	No		
Advice and Assistance about this matter or any other relevant proceedings? (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	Yes	No		
previously applied for legal aid				
or received Advice and Assistance about any other				
matter? (please tick)				
If Yes				
*Please provide details of any				٦
previously applied for legal aid or received Advice and				
Assistance about any				
other matter.				

*indicates that this box must be completed

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 Person associated with the case? Organisation (please tick) Guardian ad Litem Committee appointed under Part 5 of the Mental Health (NI) (Order) 1986(a) Please provide details below Associated party's Associated party's address correspondence address (if different) Company name *Address line 1 *Address line 2 *Post town *Country *Postcode

Opponents				
*Is the opponent a person or an organisation? <i>(please tick)</i>	Person Organisation			
*Title (please tick)	MrMrsMissMsMasterMxOther			
*First name				
*Last name				
*Relationship to applicant? (please tick)	 Civil Partner Ex-partner Other Spouse 			
*Occupation status (please tick)	EmployedMinorRetiredSelf-employedStudentUnemployedUnknown			
*Has your opponent been granted legal aid in respect of these proceedings? (please tick)	Yes No Not known			
If Yes *Do you know the legal reference number? (please tick)	Yes No			
If Yes *Legal aid reference number				
Firm name of opponents solicitor				
If No Firm name of opponents solicitor				

*indicates that this box must be completed

Opponent person's address Opponent person's correspondence address (if different) Company name (if different) *Address line 1 (if different) *Address line 2 (if different) *Post town (if different) *Post town (if different) *Post town (if different) *Postcode (if different)

Solicitor details

Postcode

Costs estimate

*Applicant's prospects of		Very good: 80%- 100%		
SUCCESS (please tick)		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	£			

*indicates that this box must be completed

Matrimonial details

Your marriage/civil partnership						
*Does the applicant satisfy the domiciliary requirements to proceed in this jurisdiction?	Yes	No				
If Yes *Are you/have you been married or in a civil partnership with the opponent? *Date of marriage/civil	Yes Day	No Month	Year			
partnership *Place of marriage/civil partnership						

For the following question the additional details required are the same regardless of the answer being $\ensuremath{Y\!/N}$

*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

*indicates that this box must be completed

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? (please tick)	Yes No
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?	

*indicates that this box must be completed

No

Children's details and previous proceedings – continued

Yes

*Has there been any previous proceedings in respect of the marriage/civil partnership or any children mentioned above?

Previous proceedings

Nature of proceedings	
ſ	Day Month Year
Date concluded	
Court tier	
Result of the proceeding	
Nature of proceedings	
	Day Month Year
Date concluded	
Court tier	
Result of the proceeding	

Other people

*Is there another person associated with this application? (please tick)	Yes	No
If Yes		
First name		
Last name		
Role		
Address		
Add other person		
First name		
Last name		
Role		
Address		

Application request – Representation Higher Matrimonial *indicates that this box must be completed

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.