REQUEST FOR GRANT / EXTENSION OF ASSISTANCE

Family Law Matter

Simplified Grants Process

Victoria Legal Aid
Lawyers And Legal Services

APPLICANT FOR ASSISTANCE: _____

☐ I seek an extension of assistance on file VLA Ref: _____

My client is the ☐ applicant ☐ respondent at _____ Date of hearing _____

Court_____

☐ An urgent grant is sought on behalf of the above named for the appearance detailed below. An application for legal assistance is attached.

☐ Magellan List attached)	☐ Fee Ceiling Issues (information

1. RECOMMENDATION (Part A and Part B must be completed. Complete Part C only if relevant)

PART A: Relevant guidelines (tick all relevant)

☐ Parenting – **residence**	☐ Property - Stage 1 only (must include parenting)
☐ Parenting – **contact**	☐ Superannuation Split and/or
☐ Parenting – **third party**	☐ Family Home
☐ **Vary** parenting orders	☐ Paternity testing
☐ Child support	☐ Recovery, Location & Information Orders
☐ Spousal Maintenance	☐ Contravention & Enforcement & Contempt
☐ **Arrears** of maintenance or support	☐ **Nullity** of Marriage

PART B: Solicitor recommendation

☐ In my opinion the application **meets** the requirements of the relevant guideline AND the merits tests and **I recommend that assistance be granted**. All required substantiating documentation is on file.

☐ In my opinion the application **does not meet** the requirements of the relevant guideline. However, the matter has **merit within the meaning of Part 12 of the VLA Handbook** and **special circumstances may apply.** I enclose all relevant documents so that the application may be considered by VLA. I have informed my client of my views.

☐ In my opinion the application **does not meet** the requirements of the relevant guideline / **does not meet** the merits tests (*delete whichever is not applicable*) and **I recommend that assistance be refused**. All required substantiating documentation is on file.

☐ The applicant has failed to provide adequate and/or current documentary proof of their income and assets and/or that of any financially associated person. **I recommend that assistance be refused**. I have informed my client of this recommendation.

PART C: Disbursements

☐ I recommend that assistance be granted for the disbursement/s referred to in Section 2.

2. ASSISTANCE SOUGHT (mark relevant stage & if appropriate required disbursement)

Early Intervention / Dispute Resolution

☐ RDM – Children or Super or Spousal Maintenance – **stage 1(a)(i)**

☐ RDM –Super Split only – **stage 1(a)(i)**

☐ RDM – Children and Property - **stage 1(a)(iii)**

☐ RDM (litigation intervention) – **stage 2(i)**

Litigation – Broadband

☐ Initiate/respond MC plus interim orders - **stage2(c)**

☐ Initiate/respond FC / FMC – **stage2(e)**

☐ Prep for & 1st day of trial in FC – **stage 3(a)**

☐ 1 day ☐ More than 1 day

☐ Prep & continuation of trial in FC – **stage 3(c)**

Estimated Number of days _____

☐ Prep for trial in FMC – **stage 3(d)**

☐ 1 day ☐ More than 1 day

Litigation – Single grant

☐ Subsequent hearing – FC / FMC – **stage 2(f)** (beyond that allowed in broadband)

☐ Application in MC (Paternity only) – **stage2(a)**

☐ Recovery/Information Order – any court – **stage2(b)**

☐ Interim contest hearing (preparation AND appearance) FC / FMC – **stage 2(g) & stage 4**

☐ Contravention/Enforce/Contempt FC/FMC- **stage 2(j)**

☐ Additional Prep for trial in FC / FMC – **stage 3(e)**

Estimated Hours _____ *(details attached)*

☐ Trial Costs – FC/ FMC – **stage 4**

Number of days _____

☐ Additional days of trial (Counsel only) – **stage 3(c)**

Number of days _____

☐ Nullity of Marriage

Recommended Disbursements

☐ Family Report (where stage 3 funded)

☐ Family Report (interim stage) (*details attached*)

☐ Supplementary Family Report

☐ less than 9 mths ☐ more than 9 mths

☐ Paternity Test (Worksheet must be completed and retained on your file)

☐ Contact Centre Report (up to $300)

☐ Expert witness expenses (Table Q)

☐ ½ day ☐ full day

☐ Individual Psychiatric / Psychological report

☐ Treating ☐ New ☐ Supplementary

Additional Disbursements (Please attach relevant details, documentation & anticipated costs for decision by VLA)

☐ Other_____ Anticipated cost $_____

3. MEANS (this section must be completed)

☐ I certify that I have on file current documentary proof of my client's income and assets and/or that of any financially associated person and that those documents substantiate the financial information given by my client in their application for legal assistance

Waivers of Proof of Means apply to applicants only. Financial documentation must be obtained from FAPS

☐ No proof of income or assets is required as my client is in custody, has declared assets less than $865, and has no Financially Associated Person

I acknowledge that under section 44(1) of the Legal Aid Act the provision of a false statement or a failure to disclose relevant information renders me liable to the penalties therein contained, and to action by VLA to remove me and my firm from the section 29A Panel and/or the referral panel maintained under section 30 of the Legal Aid Act.

PRACTITIONER'S SIGNATURE: _____ FIRM: _____

PRINT PRACTITIONER'S NAME: _____ Address: _____

DATE: ___/___/201___ Practitioner's Reference: _____