REQUEST FOR GRANT/EXTENSION OF ASSISTANCE

Summary Criminal Matter

Victoria Legal Aid
Lawyers And Legal Services

APPLICANT FOR ASSISTANCE: _____

Simplified Grants Process

☐ A grant of assistance is sought to appear on behalf of the above named client whose application for legal assistance is attached.

☐ An extension of assistance is sought on file VLA Ref:_____

<u>This section must be completed in all cases</u>:

☐ Magistrates' Court / ☐ Children's Court at _____

Date of Hearing: ____/____/201___ Is this the substantive hearing date? ☐ Yes ☐ No

Charges: _____

Are there Co-accused ☐Yes ☐No Acting for co-accused: ☐ Yes ☐ No

Names of co-accused_____

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

<u>PART A: Relevant guideline</u>

The relevant guideline is:

☐ State not guilty plea	☐ Commonwealth not guilty plea
☐ State guilty plea	☐ Commonwealth guilty plea
☐ State Children's Court	☐ Social Security Prosecution
☐ State traffic prosecutions	☐ Bail (State)
☐ Assessment & Referral Court (ARC) List	☐ Bail (Commonwealth)

<u>PART B: Solicitor recommendation</u>

☐ In my opinion the application **meets** the requirements of the relevant guideline and <u>I recommend that assistance be granted</u>. All required substantiating documentation and information is on file. I have informed my client of this recommendation.

☐ In my opinion the application **does not meet** the requirements of the relevant guideline and <u>I recommend that assistance be refused</u>. All required substantiating documentation and information is on file. I have informed my client of this recommendation.

☐ In my opinion the application **does not meet** the requirements of the relevant guideline. However, the matter has **merit within the meaning of Part 13 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.

☐ 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.

<u>PART C: Disbursements</u>

☐ I recommend that assistance be granted at the standard fees for the disbursement/s referred to in section 2 below.

☐ I seek that assistance be granted at a special fee for the disbursement/s referred to in section 2 below and attach details for VLA's consideration

☐ I seek that assistance be granted for a disbursement not referred to in section 2 below and attach details for VLA's consideration

2. ASSISTANCE SOUGHT (tick all relevant boxes)

Professional Costs

☐ Bail Standard ☐ Bail complex

☐ Summary Crime ☐ Consolidated Charges

☐ Urgent grant ☐ Urgent consolidated grant

Assessment & Referral Court (ARC) List

☐ Standard fee ☐ Consolidated Charges

☐ Urgent grant ☐ Urgent consolidated grant

☐ Increase to consolidated rate

☐ Children's Court Serious Indictable (Table F(i))

☐ ¾ Lump sum fee: - (Applications for 2 accused)

☐ Additional ½ lump sum fee - grant to act for co-accused on VLA ref: _____

☐ 2 times lump sum fee - (Applications for 3 or more co-accused)

☐ **Other Hearing** (Details attached)

Disbursements

☐ Medical report – Doctor (not to exceed $200)

☐ Medical report – Hospital (not to exceed $280)

☐ Psychologist Report ☐ Psychiatrist Report

☐ Treating

☐ New assessment

☐ New Assessment (incl. Gaol visit)

☐ Supplementary

☐ Evidentiary Report

☐ Doli incapax report

☐ Expert witness expenses (Table P)

☐ ½ day ☐ full day

☐ **Other Disbursements** (Attach relevant details, documentation & anticipated costs for VLA assessment)

Type _____ Anticipated cost $_____

3. MEANS (tick one box only)

☐ I certify that I have the required 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.

☐ My client instructs that s/he is on Centrelink benefits and I have obtained his/her authorisation to obtain proof of benefits from Centrelink. I will not render an account until that proof is obtained. I am aware that I am required to render a final account within 30 days of completion of the matter.

☐ No proof of income or assets is required as my client is a child (1 – 18 years) and is appearing in Children's Court proceedings.

Waivers of Proof of Means apply to applicants only. Financial documentation must be obtained from Financially Associated Persons.

☐ 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 request a waiver of the documentary proof of means requirement and certify that my client qualifies for such a waiver on the basis that:

- ☐ s/he has been remanded in custody, has no Financially Associated Person, and this application relates to a bail application.
- ☐ s/he has been remanded in custody and the matter will be heard within 7 days of the date of this Application.

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 Simplified Grants Process 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: _____ _____