REQUEST FOR GRANT/EXTENSION OF ASSISTANCE

Infringement Court Matter

Victoria Legal Aid
Lawyers And Legal Services

Simplified Grants Process

APPLICANT FOR ASSISTANCE: _____

☐ 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:_____

This section must be completed in all cases:

☐ Magistrates' Court at _____

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

Charges: _____

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

PART A: Relevant guideline

The relevant guideline is: ☐ Infringement Court

PART B: Solicitor recommendation

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

☐ 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 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	Disbursements
Infringement Court (Table X)	☐ Medical report – Doctor (not to exceed $200)
☐ Standard Fee ☐ Urgent Grant	☐ Medical report – Hospital (not to exceed $280)
	☐ Psychologist Report ☐ Psychiatrist Report
	☐ Treating
	☐ New assessment
	☐ New Assessment (incl. Gaol visit)
	☐ Supplementary

☐ **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.

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 is 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: _____ _____