REQUEST FOR GRANT/EXTENSION OF ASSISTANCE
VOCAT Matter
Victims of Crimes Assistance Tribunal
(Inhouse Civil Law Service Use Only)

Victoria Legal Aid
Lawyers And Legal Services

Simplified Grants Process

APPLICANT FOR ASSISTANCE: _____

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

My client is the applicant at _____ on ____/____/20___

1. RECOMMENDATION (Part A and Part B must be completed)

PART A: Relevant guidelines (tick all relevant)

☐ Victims of Crimes Assistance Tribunal

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. I have informed my client of this recommendation.

☐ In my opinion the application **does not meet** the requirements of the relevant guideline OR does not meet the merits tests 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 below.

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

☐ Application to VOCAT

Recommended Disbursements

Where the cost of the <u>individual</u> disbursement exceeds $1,500 you must provide details and reasons why the cost is necessary.

☐ FOI request $_____

☐ Psychological Report $_____ ☐ Psychiatric Report $_____

☐ Treating ☐ New ☐ Supplementary ☐ Treating ☐ New ☐ Supplementary

☐ Medical (General Practitioner) Report $_____ ☐ Expert witness expenses $_____

☐ Hospital Report $_____

☐ Specialist Report(s) $_____ (*Please indicate amount sought for each report)*

Nature of report(s)_____

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 Financially Associated Persons.

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

☐ No proof of income or assets is required as my client is a child

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 s.29A Panel and/or the referral panel maintained under section 30 of the Legal Aid Act.

_____ _____

SIGNATURE DATE

VLA office: _____

_____

PRINT PRACTITIONER'S NAME Litigation file number: _____