

APPLICATION FOR PRO BONO ASSISTANCE



THE LAW SOCIETY
OF NEW SOUTH WALES
PRO BONO SCHEME

1. PERSONAL DETAILS

Title: Mr. Mrs. Ms. Miss Other:

First name: Family name:

Address:

Suburb: Postcode:

Email address: Date of birth: / /

Telephone (home): Telephone (work): Mobile:

Marital status: Single Married De facto Other (eg. separated):

Number of dependents:

Are there any circumstances facing you which make it more difficult for you to deal with this legal matter?
(For example, you require a translator; have a disability; cultural or religious reasons)

Yes (provide details below) No ► **proceed to section 2**

⚠ Note: You do not need to disclose these, but it will make it easier for us to assist you if we understand any difficulties you are facing.

📎 Attach additional page if necessary.

2. DETAILS OF MATTER

Please indicate the **type of legal problem(s)** from those listed below:

<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Family Law – Children	<input type="checkbox"/> Wills & Estates
<input type="checkbox"/> AVO	<input type="checkbox"/> Debt & Credit	<input type="checkbox"/> Immigration Law	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Child Care & Protection (FaCS)	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Not for profit organisations	
<input type="checkbox"/> Coronial Matters	<input type="checkbox"/> Employment Law	<input type="checkbox"/> Tenancy	

How did you find out about The Law Society Pro Bono Scheme?

Has a solicitor previously assisted you with this matter?

Yes (provide details below) No ► **proceed to section 3**

Why are they no longer assisting you?

3. DETAILS OF OTHER PARTY

Name of the other party:

Name of other party's solicitor:

4. COURT PROCEEDINGS

Are there any current court proceedings in relation to your matter?

Yes No ▶ **proceed to section 5**

 *If there are current court proceedings, please supply copies of the latest court/tribunal orders or directions which indicate the nature and date of the next hearing date and type.

Next court or tribunal date:

Court or tribunal name:

Type of proceeding (e.g. Mention/Directions/Hearing):

5. DETAILED STATEMENT REGARDING YOUR MATTER

Please include the following:

1. The **history** of the matter;
2. The **current situation**;
3. The **type of assistance or outcome sought**;

 **Note:** If you prefer, write 'PLEASE SEE ATTACHED' in the space above and attach a separate statement.

 Please also provide the following:

- | | |
|--|--|
| <input type="checkbox"/> Court or other relevant documents | <input type="checkbox"/> Copy of payslips or Centrelink benefits received in the last three months |
| <input type="checkbox"/> Reasons for Legal Aid refusing assistance | <input type="checkbox"/> Bank statements covering the last three months |

6. LEGAL AID

Have you contacted Legal Aid for assistance?

Yes No

Have you been refused Legal Aid for this matter?

Yes No ▶ **proceed to section 7**

If yes, why is this?

Lack of merit Matter type not within Legal Aid's Guidelines Your financial situation

Have you appealed this decision?

Yes No ▶ **proceed to section 7**

What was the outcome?

Granted Refused

 **Attach a copy of Legal Aid's refusal letter.**

7. ASSISTANCE FROM OTHER LEGAL SERVICES

Have you sought assistance from a community legal service or organisation?

Yes (provide name below) No ▶ **proceed to section 8**

What assistance did they provide you with?

Why are they unable to assist you further?

Lack of merit Lack of resources Your financial situation Other (provide details below):

 **Attach additional page if necessary.**

8. AUTHORISED PERSON

Would you like to authorise another person to contact the Scheme on your behalf?

Yes (provide details below) No ▶ **proceed to section 9**

First name: Family name:

Email address: Telephone:

 **Note:** This means we will contact your authorised person if we cannot contact you directly.

9. YOUR FINANCIAL CIRCUMSTANCES

Are you currently employed?

Yes No

Job title/role:

If yes, what capacity are you working?

Casual / Full-Time Permanent / Full-Time Seasonal
 Casual / Part-Time Permanent / Part-Time Other (please provide details below)

If not, when did you last work in paid employment?

Are you receiving any government or welfare benefits?

Yes (provide details below) No

What was your taxable income in the last 12 months?

What is your current weekly income after tax?

10. YOUR FINANCIALLY ASSOCIATED PERSON (IF APPLICABLE)

⚠ Note: A financially associated person is someone who usually provides you with financial support or could reasonably be expected to assist you financially eg. spouse, a relative.

Are they currently employed?

Yes No

Job title/role:

If yes, what capacity are they working?

Casual / Full-Time Permanent / Full-Time Seasonal
 Casual / Part-Time Permanent / Part-Time Other (please provide details below)

If not, when did they last work in paid employment?

Are they receiving any government or welfare benefits?

Yes (provide details below) No

What was their taxable income in the last 12 months?

What is their current weekly income after tax?

11. YOUR ASSETS & LIABILITIES

Please ensure all items are filled in (if you don't own an asset e.g. a house put "nil").

Asset/Liability	Total value	Your share (%)	Money owing	Monthly payments	Date payments will cease
House	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Property	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rent	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bank/Building Society	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Stocks & Shares	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Car	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Assets	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Utilities (gas, electricity, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Liabilities (school fees, sporting fees, health insurance, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

12. YOUR FINANCIALLY ASSOCIATED PERSONS ASSETS & LIABILITIES (IF APPLICABLE)

Please ensure all items are filled in (if they don't own an asset e.g. a house put "nil").

Asset/Liability	Total value	Your share (%)	Money owing	Monthly payments	Date payments will cease
House	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Property	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rent	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Bank/Building Society	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Stocks & Shares	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Car	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Assets	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Utilities (gas, electricity, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other Liabilities (school fees, sporting fees, health insurance, etc.)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

13. PERMISSION TO OBTAIN INFORMATION

I/We hereby **AUTHORISE** and **REQUEST** any lawyer who has acted for me/us, the Legal Aid Commission and any Court or Tribunal to provide The Law Society of New South Wales Pro Bono Scheme any information and documents it may request in order to assist The Law Society of New South Wales Pro Bono Scheme to assess this Application.

Signed:

Date: / /

14. ACKNOWLEDGMENT

I **ACKNOWLEDGE** that:

1. Applications will not be processed until the Law Society of New South Wales Pro Bono Scheme has received all requested documentation. This includes:
 - Legal Aid refusal letter;
 - Bank statements from the last three months for yourself and any financially associated persons;
 - Payslips received in the last three months for yourself and any financially associated persons;
 - Centrelink statements outlining benefits received in the last three months for yourself and any financially associated persons;
 - Details outlining assets and liabilities for yourself and any financially associated persons;
 - Any relevant court documents relating to the matter; and
 - Any other supporting documents.
2. Updates will not be provided during the Application process;
3. I/We agree to adhere to a code of conduct that includes dealing with staff in a courteous and respectful manner. I/We will not swear; be racist; make sexist, rude or offensive comments; yell; threaten to harm myself or others; or contact the Scheme when I/we have been drinking or taking drugs. We reserve the right to cease communication with you if you fail to comply, and your Application will be returned.
4. I/We remain responsible for meeting all Court commitments or commencing all legal action within the statutory time limits;
5. The Law Society of New South Wales Pro Bono Scheme takes a minimum of ten working days to process my/our Application after all documentation has been received;
6. It may not be possible to find a solicitor willing to do the work on the basis requested, or in the location or legal area concerned;
7. I/We may not be eligible for assistance under the Law Society of New South Wales Pro Bono Scheme guidelines or at the discretion of the Pro Bono Scheme Solicitor;
8. The Law Society of New South Wales Pro Bono Scheme is not required to provide reasons for their decision as to whether or not they accept my/our Application for referral;
9. I/We have no right of action against the Law Society of New South Wales or its employees in any event arising from this application or any assistance obtained from a firm referred by the Scheme;

Signed:

Date: / /

15. LODGEMENT OF APPLICATION FORM

Submit form by email and attach all supporting documentation:

a2i@lawsociety.com.au

OR send the completed and signed application form and all documentation to:

The Law Society of New South Wales
The Pro Bono Scheme
170 Phillip Street, Sydney NSW 2000