

ST KITTS AND NEVIS LEGAL AID AND ADVICE CENTRE

**APPLICATION FORM**

**PARTICULARS OF CLIENT**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ ( ) Male ( ) Female

Marital Status: ( ) Single ( ) Married ( ) Widowed ( ) Divorced ( ) Common law

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Social Security: \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

**Spouse/Partner**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work/Employer: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Address of Work/Employer: \_\_\_\_\_

**Children**

No. of Children: \_\_\_\_\_

Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

No. attending school: \_\_\_\_\_

Age(s): \_\_\_\_\_

Name(s) of school(s): \_\_\_\_\_

**Other Dependant(s):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

( ) Primary      ( ) Secondary      ( ) Vocational      ( ) Teachers' College

**MEANS TEST**

Income/Assets

Do you own (state value):

Land: \$ \_\_\_\_\_ Home: \$ \_\_\_\_\_ Animal: \$ \_\_\_\_\_

Machinery/Tools: \$ \_\_\_\_\_ Motor Vehicle: \$ \_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ Household members: \$ \_\_\_\_\_

Saving: \$ \_\_\_\_\_ Bank: \$ \_\_\_\_\_ Credit Union: \$ \_\_\_\_\_

Spouse/Partner Salary: \$ \_\_\_\_\_ Spouse/Partner Savings: \$ \_\_\_\_\_

Spouse/Partner Property: \$ \_\_\_\_\_

Salary of other Members of the Household: \$ \_\_\_\_\_

**Expenditure/Expenses**

Rent: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_

Utilities: Electricity: \$ \_\_\_\_\_ per

Water: \$ \_\_\_\_\_ per

Tel: \$ \_\_\_\_\_ per Cell: \$ \_\_\_\_\_

Cable: \$ \_\_\_\_\_ per

Mortgage: \$ \_\_\_\_\_ Loans: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_

Hire Purchase: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_

Parental Support: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_



For Official Use:

Approved: ( ) Yes ( ) No  
Details: ( ) Full Fees ( ) Partial Fees

**AUTHORIZATION:**

I HEREBY AGREE to be assigned a Lawyer(s) to act on my behalf in the matter above-mentioned.

(A) I AGREE TO PAY a consultation fee of: \$ \_\_\_\_\_ and the fee of: \$ \_\_\_\_\_  
agreed upon, and

I AGREE that the Lawyer(s) is/are entitled to secure the services of any other legal practitioner of their choosing to act in their place as my legal representative for any other reason and in their entire discretion.

I AGREE that, in the processing of my application for legal aid and assistance, the Director or any duly authorized representative of the Centre is entitled to communicate with and obtain from

- My employment
- My bank(s)/financial institution
- My credit union
- Other

any information necessary and pertinent to establishing my financial status.

**I FULLY AGREE TO ALLOW SUCH INFORMATION TO BE RECEIVED BY THE CENTRE IN THE STRICTEST CONFIDENCE AND TO BE UTILIZED FOR THE PURPOSE OF THIS APPLICATION AND NO OTHER.**

(B) I AM NOT able to pay.

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**DECLARATION**

I, DECLARE all the aforesaid information to be true, to the best of my knowledge, and I understand that upon any false statements made concerning my income or if my financial position shall improve considerably, the LEGAL AID AND ADVICE CENTRE is at liberty to withdraw from any case or to change the fees according to any change in income.

FURTHER, I understand that the fees quoted or paid are not necessarily final, and that if the matter is more complex or entails more work and time than the Lawyer(s) first understand according to initial instructions, then the LEGAL AID AND ADVICE CENTRE would be at liberty to raise the fees accordingly.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

.....  
CLIENT