

LEGAL AID CLINIC ASSESSMENT FORM

SECTION 1 CHARACTERISTICS OF THE APPLICANT

1. Name: _____ Surname: _____
2. Sex: Male Female
3. Date of Birth: Day _____ Month _____ Year _____ Age: _____
4. Place of Residence: _____ Parish: _____
5. Tel. No.: (home) _____ (work) _____ (Cell) _____
6. Nationality: _____
7. Marital Status: Never Married Married Divorced Separated Common-Law Widowed
8. Religion: _____
9. Educational Characteristics: None Primary Secondary Tertiary
10. Highest Educational Qualifications: _____
11. Place of Employment: _____
12. Main Occupation: _____
13. Applicant's Income: (weekly) _____ (fortnightly) _____ (monthly) _____
14. Applicant's Monthly Expenses: RENT\$ _____ MORTGAGE\$ _____ SAT\$ _____ MARPIN\$ _____ LIME\$ _____
CHILD SUPPORT\$ _____ PARENTAL SUPPORT\$ _____ ELECTRICITY\$ _____ WATER\$ _____
15. Does the Client have any dependents: Yes No State no. of dependents: _____
16. Referred from: Police DNCW Welfare Women's Bureau Other.....
17. Have you been to the Legal Aid Clinic before? If yes, when..... What was the status of your matter:.....

SECTION 2 INFORMATION ON SPOUSE/MATE

18. Name: _____ Surname: _____ Address: _____
Place of Work: _____ Profession: _____ Tel. No. _____ Income: \$ _____

SECTION 3 CHARACTERISTICS OF CASE MATTER

19. Has this incident been ever reported at another institution such as: Bureau of Gender Affairs Police Child Welfare Unit DNCW Legal Aid Clinic Ministry of Health Other _____
20. Nature of Case: Divorce Maintenance Civil Criminal Land Adoption Will Deed Poll Bail Affidavit Letter Injunction Lease Probate Notorization Agreement Notice to Quit Stat. Dec. Caveat Legal Advice Power of Attorney Injunction Caveat Tribunal Domestic Violence Landlord/Tennant Work Permit Employment Civil Debt Birth Registration Statutory Declaration Other _____
21. Date of Report: Day _____ Month _____ Year _____
22. Documents Submitted: Birth Certificates Marriage Certificates Letters Plans Valuation Stamps _____

SUMMARY OF MATTER

ASSESSMENT (FOR OFFICE USE ONLY)

23. Occupation \$ _____ Income \$ _____ Dependants \$ _____ Home Commitments \$ _____ Assets \$ _____ Total \$ _____

24. Assessed Category: Full legal aid granted Limited legal aid granted Legal aid not granted Fees assessed at \$ _____

25. Attorney (s)-at-Law assigned _____

Lawyer's Advice

Assessing Officer _____

Date _____

DISPOSITION:

Brief Services Case File Denied Referred to Agency Referred to Lawyer Self Help Summary Advice

5. INFORMATION FOR THE APPLICANT

The Applicant is personally informed by the staff of the Dominica Legal Aid Clinic, that within 14 working days he/she MUST provide the documents. Should he/she fail to do so by theday of20..... it will result to the dismissal of his/her application and appointment date.

6. STATEMENT OF LIABILITY AND REQUEST

I **DECLARE** that all the aforesaid information is true and I understand that if any false statement is made concerning my income or if my financial position improves considerably, then the **DOMINICA LEGAL AID CLINIC** is at liberty to withdraw from my case or to raise the fees accordingly. **FURTHER**, I understand that the fees quoted or paid are not necessarily final, and that if the matter is more complex or entails much more work and time than the Attorney or Attorneys first understood following the initial instructions, then the **DOMINICA LEGAL AID CLINIC** will be at liberty to raise the fees accordingly. **I HEREBY AGREE** to be assigned an Attorney-at-Law, to act on my behalf in the matter above mentioned-

- (a) I am able to pay and agree to pay the fee of \$ _____ agreed upon;
- (b) I am not able to pay.
- (c) I am able to pay by instalments.
- (d) I agree to pay all costs and disbursements.

Signature of Applicant _____

PAYMENT DETAILS

DATE	AMT\$	REC. No.