

# Application for Pro Bono Assistance (Individuals)



**FILE NO. PBCH /20**

*Office use only*

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 ABN: 62 208 314 893

Whilst being assessed and referred, the information that you supply in this application will be treated confidentially. **Please cross out any sections that do not apply to you.**

## 1. Personal Details

|   |   |              |         |
|---|---|--------------|---------|
| <b>Surname:</b>                                 |   |              |         |
| <b>Given Names:</b>                             |   |              |         |
| <b>Address:</b>                                 | Post Code: _ _ _ _  |              |         |
| <b>Date of birth:</b>                           |   | Email:       |         |
| <b>Tel No:</b>                                  | Home:   | Work:        | Mobile: |
| <b>Occupation:</b>                              | Employer:   |              |         |
| <b>Marital status:</b>                          | Married / Not Married / De facto ( <i>please circle</i> ) |              |         |
| <b>Spouse/De Facto Partner Name:</b>            | Surname:  | Given Names: |         |
| <b>Number of dependants (and ages of each):</b> |   |              |         |

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## 2. Your Family Income

| YOUR INCOME:   |    |
|--|----|
| Current Gross (Before-Tax) Weekly Income<br><b>Please provide your last 3 payslips</b> | \$ |
| YOUR PARTNER/SPOUSE INCOME:  |    |
| Current Gross (Before-Tax) Weekly Income<br><b>Please provide your last 3 payslips</b> | \$ |

You only need to provide details of your weekly expenditure if the total annual gross (before-tax) income of you and your married or de facto spouse combined exceeds:

- \$35,000; OR
- \$40,000 if you have one dependant child; OR
- \$45,000 if you have two dependant children; OR
- \$50,000 if you have three or more dependant children.

| WEEKLY EXPENDITURE (eg: Child Support payments made by you, child care fees, the weekly rent or mortgage payments you pay in respect of the home in which you live and any other significant weekly expenditure you incur): |    |
|---|----|
| 1.  | \$ |
| 2.  | \$ |
| 3.  | \$ |
| 4.  | \$ |
| 5.  | \$ |
| 6.  | \$ |
| 7.  | \$ |
| 8.  | \$ |
| 9.  | \$ |
| 10.   | \$ |
| 11.   | \$ |
| 12.   | \$ |

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## 3. Asset Details

You only need to complete this section if the assets (excluding the residence that you live in, your home contents and personal effects) that you own have a total value of \$30,000 or more.

Please complete the following table stating what assets (eg: rental properties, cars, boats or caravans, stocks and shares, cash in bank accounts) you own and how much they are worth. If you own an asset jointly with another person, or own part of an asset, only state the value of your share of the asset.

| Asset:<br><i>e.g. House, Car, TV</i> | Details<br><i>e.g. Mortgage or loan and its value</i> | Asset Value<br>\$ |
|--------------------------------------|---|-------------------|
|                                      |   |                   |
|                                      |   |                   |
|                                      |   |                   |
|                                      |   |                   |
|                                      |   |                   |
|                                      |   |                   |

## 4. Other Assets

|     |   |  |                    |  |
|-----|---|--|--------------------|--|
| 4.1 | Are you a beneficiary of any trusts?                                  | Yes / No ( <i>please circle</i> )<br>(If No, go to question 4.3)       |                    |  |
| 4.2 | Details:  |  |                    |  |
| 4.3 | Have you commenced a court action against any person or organisation? | Yes / No ( <i>please circle</i> )<br>(If No, go to question 5.1 below) |                    |  |
| 4.4 | Number of the Court Action  |  | Year of the Action |  |
|     | Court:  |  |                    |  |
|     | Name of solicitors currently acting for you                           |  |                    |  |
|     | Next Court date:  |  |                    |  |
|     | Are you likely to receive any money from the Court Action?            | Yes / No ( <i>please circle</i> )<br>(If No, go to question 5.1 below) |                    |  |
|     | Your estimate of the amount you will receive:                         |  |                    |  |

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## 5. Details of the help you are seeking

Please note that providing the following information and attaching explanatory or supporting documentation may assist the Clearing House to assess your application. However, while the Clearing House will treat the information you provide in, or attach to, this application as confidential; it is not able to claim legal professional privilege in relation to that information. This means that while the Clearing House possesses your information it could be compelled to present some or all of your information to a court for use in legal proceedings against you or another person. The Clearing House will possess your information until it has assessed your application and either referred your matter to a lawyer or returned the information to you.

|            |   |              |
|------------|---|--------------|
| <b>5.1</b> | Please provide a brief description of what legal representation or assistance you need:<br>.....<br>.....<br>.....<br>.....<br>.....                                  |              |
| <b>5.2</b> | Please provide details of all other person(s) or organisation(s) affected by, or involved with, the matter. Attach additional page(s) if insufficient space provided. |              |
|            | Each person or organisation's name and address.   | 1.<br><br>2. |
|            | Name of each other parties' solicitor, if known.  |              |
|            | Names of your dependants.   |              |
|            | Name of any other person relevant to the matter (e.g. your partner or spouse if you have a family law matter).  |              |
|            | Details of any Insurance Company involved:  |              |

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|            |   |  |
|------------|---|--|
| <b>5.3</b> | Court or Tribunal in which action commenced or proposed if applicable:                        |  |
| <b>5.4</b> | List any time limits for this matter of which you are aware                                   |  |
| <b>5.5</b> | You may attach any documentary evidence available to you that you believe supports your case. |  |

## 6. Help you have already tried to obtain

|            |  |  |
|------------|--|--|
| <b>6.1</b> | Have you sought other relief/advice from any other source (eg: a Community Legal Centre)?  | Yes/No (If No, go to question 6.3)   |
| <b>6.2</b> | Who did you seek assistance from:  |  |
| <b>6.2</b> | What assistance did you seek:  |  |
| <b>6.3</b> | Did you apply for a grant of Legal Aid in respect of this matter or any other current matter?  | Yes/No (If Yes, please provide details of the amounts of any grant received) |
| <b>6.4</b> | Have you been refused Legal Aid in relation to this matter   | Yes/No   |
| <b>6.4</b> | If Yes, please state the Date of refusal:  |  |
| <b>6.4</b> | If Yes, please state the reason for Legal Aid's refusal:<br>.....<br>.....<br>.....<br>.....   |  |
| <b>6.4</b> | If you have been granted Legal Aid for this matter, please state why you are also applying to the Clearing House for assistance.<br>.....<br>.....<br>.....<br>..... |  |

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## 7. Checklist

**Please check that you have:**

- Fully completed the application form, including the statutory declaration.
- If applicable and you elect to provide these documents to the Clearing House, that you have attached:
- Copies of any Legal Aid documentation relevant to the matter.
- Copies of any court documents filed to date in respect of the matter.
- Copies of any other documents and correspondence relating to the subject matter of the application.

If you do not have access to a photocopier, the Law Society Northern Territory may be able to photocopy the documents relevant to Clearing House applications, subject to available resources at the time.

You should number each page of any attached documentation (with the first page being "page 9", the second being "page 10" and so on) and you and the person before whom you make the declaration should both sign the bottom of each page of this application and attached supporting documentation.

After examination of your application the Pro Bono Clearing House may ask you to provide further information before making a decision on the application.

**(Please ensure you complete the Declaration on the following page)**

## 8. Quality Assurance Feedback

- Please tick the box if you are happy for the Pro Bono Clearing House to contact you to receive feedback on the operation of the Clearing House. This will enable us to improve the service where necessary.

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## Acknowledgement and Authorisation by Applicant

I acknowledge that:

1. The Pro Bono Clearing House does not grant assistance to applicants but merely acts as an intermediary between the public and the legal profession;
2. While it is the intention of the Pro Bono Clearing House that the lawyer to whom I am referred conduct my matter on a pro bono basis, it is my responsibility to negotiate the precise terms (including any terms requiring payment by me for disbursements or other costs) upon which I engage any lawyer introduced to me by the Pro Bono Clearing House;
3. I shall have no right of action against the Pro Bono Clearing House or the Law Society Northern Territory in any event arising from this application or its referral by the Pro Bono Clearing House.
4. While the Clearing House possesses the information in, or attached to, my Clearing House application, the Clearing House could be compelled to present some or all of that information to a court for use in legal proceedings against me or another person.

**I hereby AUTHORISE the Pro Bono Clearing House to provide any information set out in this application (including, any document provided to it with respect to my application) to:**

1. **Any person volunteering to assist the Pro Bono Clearing House to assess my application for assistance; and**
2. **Any lawyer that the Pro Bono Clearing House considers may agree to act for me, to enable that lawyer to decide whether they will act for me.**

## Statutory Declaration by Applicant

***I know that it is an offence to make a false statement in or in connection with this application and that if I do I will be liable to prosecution.***

I \_\_\_\_\_ (full name) solemnly and sincerely declare that all the facts given in this application and supporting documentation are true and correct. I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act* (NT), and subject to the penalties provided by that Act for the making of false statements in statutory declaration, conscientiously believing the statements contained in this declaration to be true in every particular.

\_\_\_\_\_  
*Applicant's signature*

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Before me \_\_\_\_\_  
*Signature of Person Before Whom Declaration Made*

\_\_\_\_\_  
*Title or Position of Person Before Whom Declaration Made*