



Public Interest Law Clearing House Application Form

~ PO Box 13121 Law Courts, Melbourne Vic 3000 ~ DX 38227 Flagstaff ~
~ Telephone (03) 9225 6680 ~ Fax: (03) 9225 6686 ~ Email: pilch@vicbar.com.au ~
~ Reg. No. A0029409J ~ ABN. 54 206 789 276 ~

1. Name and address of applicant

Name _____

Address _____

Town/Suburb _____ Postcode _____

Telephone number (work) _____ (home) _____ (mobile) _____

Facsimile number _____ Email address _____

2. Are you an Individual? Group or class? Non-profit association?

3. How did you hear about the Public Interest Law Clearing House?

- already knew media community legal centre friend/relative
- Legal Aid Law Institute of Victoria PILCH newsletter/brochure
- Court or Tribunal other (please specify) _____

4. About your matter

(a) Briefly describe your legal issue, and what you want to achieve with the help of a lawyer.

(b) Please list the other parties involved and, if they are represented, provide the names and contact details of their solicitors.

(c) Is your matter already in a Court or Tribunal? Yes No
If yes, which one? _____

(d) Has a Court or Tribunal set any dates in your matter? (for example, a hearing date)

5. Urgency

Is there anything that needs to be done immediately? (For example, has a court or tribunal ordered you to take a particular action by a certain date?)

6. Non - profit associations only

If you are applying on behalf of a non-profit association, or you want to become a non-profit association, please also fill in the following information:

(a) Are you incorporated, or are you planning to incorporate in the near future? (If you are already incorporated, please attach a copy of your organisation's rules, together with your certificate of incorporation). _____

(b) What are the objectives and/or mission statement of your association? (Please attach).

7. Relevant documents

Please list any relevant documents, letter, files, agreements, contracts, or reports which you think are relevant. Please send photocopies of these documents to us with your application.

Date	Who wrote it	Type of Document	Do you have it?
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8. Have you had contact with any other lawyers, Community Legal Centres or pro bono service providers (e.g. Law Institute of Victoria Legal Assistance Scheme, Victorian Bar Legal Assistance Scheme, Federal Court Scheme) regarding the matter which is the subject of this application?

Yes No

If yes, please specify who you have had contact with and what the outcome was.

9. Legal aid application

(a) Have you applied for legal aid? Yes No

(b) If yes, which Legal Aid Commission did you apply to?

Victoria Legal Aid Commonwealth Attorney General Legal Aid commission in another State or Territory. Please name State or Territory. _____

(c) Was legal aid granted or refused? _____

(d) If legal aid was refused, what were the grounds for refusal? Please attach a copy of the refusal letter (if any) from Legal Aid.

merit financial guidelines other (specify) _____

(e) Have you asked for a review of the refusal? Yes No

10. Public Interest issues

Please state what you think is the public interest aspect to your matter.

11. Means test for non-profit associations or groups only

(a) How you are funded (e.g. by grants, donations or member contributions)?

(b) Who provides the funds?

(c) Are there any restrictions on the use of funds?

(d) Is there a written funding agreement? If so, please attach a copy.

12. Means test for individuals only

(a) Are you currently employed?

Yes full time part time casual

No. When were you last in paid employment? _____

(b) Are you receiving any government benefits? Yes No

If yes, what type of benefits? (e.g., age, disability, sickness, sole parent).

(c) Please provide details of your income.

Your total taxable income <i>last financial year</i>	\$
Where did that income come from? (e.g., paid work, government benefits)	
<i>Current</i> weekly income (after tax)	\$

(d) Do you have any dependants? Yes No

If yes, please provide details:

(e) Are you a beneficiary under any family or other trusts? Yes No

If yes, please provide details:

(f) If you receive financial support from any other person (e.g., partner, spouse, child), please provide details of that person's income.

That person's total taxable income <i>last financial year</i>	\$
Where did that income come from? (e.g., paid work, government benefits)	
<i>Current</i> weekly income (after tax)	\$

(g) Please list all assets in Australia or elsewhere that you, either by yourself or together with any persons who usually provide you with financial support, own or have a financial interest in. Examples of relevant assets include a home (including a home you are paying off), other real estate, motor vehicles, cash in bank accounts or trusts, shares, or other assets of significant value.

Asset	\$ Value	\$ Owing	Owned by

(h) List any outstanding debts you have.

Debt	\$ Owing	Owed to

13. Statutory Declaration

You must complete this declaration and sign it in the presence of one of authorised witness listed in the guide.

I (name) _____

of (address) _____

wish to apply for legal assistance from the Public Interest Law Clearing House Vic ('PILCH')

- I authorise the administrators of the Scheme to discuss my case with, and disclose any information provided by me to, the other employees of Public Interest Law Clearing House Vic Inc ('PILCH'), which is the organisation responsible for the administration of the Scheme, any solicitor or barrister who is acting for me or has previously acted for me or any solicitor or barrister to whom the administrators of the Scheme are considering referring my case.
- I understand and accept the conditions of PILCH as outlined in the Guide to Application Form.
- I will advise PILCH of any change in my financial circumstances and will provide all additional information requested.

I SOLEMNLY AND SINCERELY DECLARE that this declaration and the information given by me in this application are true and correct AND I MAKE IT in the belief that a person making a false declaration is liable to the penalties of perjury.

DECLARED at _____ (town / suburb)

in the State of _____ this _____ day of _____ 200()

Applicant's signature

Before me:

Signature and occupation of authorised witness

Return this form and any relevant documents to Public Interest Law Clearing House at Level One, 550 Lonsdale Street, Melbourne 3000.

If you need any help completing this form, please ring Public Interest Law Clearing House staff on (03) 9225 6680.

If there is insufficient space, you may attach additional information to this application.