

FORM A

THE LEGAL AID ACT, 1997

APPLICATION BY ATTORNEY-AT-LAW TO HAVE NAME

ENTERED ON A PANEL

I,....., an Attorney-at-law  
having an office at .....  
(address)  
hereby apply to have my name entered on the following panel(s) -

legal aid criminal

legal aid civil

duty counsel

legal advice

My area of specialization is.....

I am available for work at.....

.....

in the parish(s) of.....on.....

.....day(s) during the hours  
of.....

I hereby undertake to comply with the provisions of The Legal Aid Act  
and the Legal Aid Regulations and to perform all duties undertaken by me as  
a member of the panel while my name remains thereon.

Dated at ..... this .....day of..... 19.....

FORM B  
REPORT AND CERTIFICATE

OF DUTY COUNSEL

As duty counsel I.....  
performed the following services under the Legal Aid Act,

on behalf of .....  
(name)

.....  
(address)

who was:-

- (a) detained [ ]
- (b) charged with the offence of .....  
at.....  
(place)

1. I advised him/her with respect to:

- (a) bail [ ]
- (b) his/her choice of plea  
following which he/she chose to  
plead
  - (i) guilty [ ]
  - (ii) not guilty [ ]
- (c) his/her right to apply for  
an adjournment [ ]
- (d) making an application for  
legal aid [ ]

2. I assisted him/her while he/she was being questioned by the Police [ ]

3. I represented him/her at the holding of an I.D. Parade [ ]

4. I attended Court on his/her behalf on the.....day of.....19.....

Signed .....  
Duty Counsel

Signature of Officer i/c  
Police Station

Date.....

APPLICATION FOR LEGAL AID

UNDER THE

THE LEGAL AID ACT, 1997

Please Answer all Questions  
IN BLOCK LETTERS

NAME OF INTERVIEWER

PLACE OF INTERVIEW

DATE

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SECTION A PARTICULARS OF APPLICANT

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- 1. Name of Applicant:.....  
Telephone No.....
- 1a. Name of person attending and answering questions on behalf of applicant.  
.....
- 2. Address:.....  
(address of residence and postal address)
- 2a. Address of Business or Place of Work.....  
.....
- 3. Occupation:.....
- 4. Age.....Date of Birth.....

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SECTION B FAMILY DEPENDENTS

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- 6. Marital Status:  
1) Single.....2) Married.....3) Common Law.....  
4) Visiting.....5) Widowed.....
- 7. Duration of marital status:.....
- 8. Is spouse alive or dead.....
- 9. Name of mate or spouse.....

Age.....Address of Business.....

Are you at present living together.....

(If no) address of spouse.....

10. Number of children who are dependants.....

11. Number of children attending school:.....

SECTION C

HOUSEHOLD

12. Type of Occupancy:

Owner.....2) Rent.....3) Lease.....4) Squatting.....

5) Family House.....

13. Number of rooms.....

14. Light.....Water piped into yard.....into house.....

15. Tenement.....Lease Land.....[Other].....Own land.....

16. Head of Household.....

17. Number of persons in household.....

Relationship to Applicant.....

SECTION D

EDUCATIONAL BACKGROUND

PRIMARY

SECONDARY

VOCATIONAL

TERTIARY

[ ]

[ ]

[ ]

Teachers College

[ ]

Community College

[ ]

University

[ ]

Advance Vocational

Performance Training [ ]

SECTION E

MEANS TEST

20. Do you own: (state value )

Land \$.....

Animals \$.....

House \$.....

Machinery and Tools \$.....

Motor

21. Source of Income:

- (1) Salary \$.....
- (2) Other members of household \$.....
- (a) Partner \$.....
- (c) Credit Union \$.....
- (3) Salary of Spouse \$.....
- (4) Savings \$.....
- (b) Bank \$.....
- (d) Building Society \$.....

22. Commitments:

- (1) Rent \$.....
- (2) School fees \$.....

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- (3) Insurance \$.....
- (4) Hire purchase \$.....
- (5) Other \$.....
- (a) Light bill \$.....
- (b) Travel expense \$.....
- (c) Parental support \$.....
- (d) Child Maintenance \$.....
- (e) Water rate \$.....

23. Can you afford the services of an Attorney-at-Law?.....

24. Have you retained any Attorney-at-Law before in the matter in which you are requesting assistance? YES.....NO.....

25. Is any Attorney-at-law acting for you in any other matter? YES.....NO.....

25a. (If yes) state type of matter..... and name of Attorney-at-law.....

26. Have you ever been granted Legal Aid in any matter Yes No If yes when..... What type of matter.....

Reference No..... (Check or make enquiry as to whether there were any previous instructions not to accept applicant for legal aid)

27. Referred by..... (State who referred applicant or how applicant came to know of legal aid assistance)

SECTION F

28. General nature of problem.....  
.....  
.....  
.....

29. Action taken by Attorney-at-law.....  
.....  
.....

30. Document(s) submitted.....  
1.....  
2.....  
3.....  
4.....  
5.....

I, HEREBY AGREE to be assigned an Attorney-at-law under the Legal Aid Act, to act on my behalf in the matter abovementioned -

(a) I am able to pay and agree to pay a retainer of \$..... and the fees of \$..... agreed upon;

(b) I am not able to pay.

I agree that the Attorney(s) are entitled to secure the services of any other Attorney-at-Law of their choosing to act in their place as my legal representative for any other reason and in their entire discretion.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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SECTION H

I, DECLARE that all the aforesaid information is true and I understand that any false statement made concerning my income or if my financial position shall improve considerably then the LEGAL AID COUNCIL is at liberty to withdraw from any case or to charge me fees according to my 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 much more work and time than the Attorney or Attorneys first understood according to the initial instructions, then the LEGAL AID COUNCIL would be at liberty to raise the fees accordingly.

Dated the \_\_\_\_\_ Day of \_\_\_\_\_, 199

CLIENT \_\_\_\_\_

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SECTION I ASSESSMENT (For Office Use Only)

i. Occupation [ ] Income [ ] Dependants [ ]

Home Commitments [ ] Assets [ ] Total [ ]

ii. Assessed category

THE LEGAL AID ACT

LEGAL AID CERTIFICATE

.....of  
(name of person granted legal aid)

.....is  
(address)

hereby granted legal aid for

.....  
(state matter)

triable in the.....Court

and shall pay the sum of.....dollars (\$ )  
(delete if not applicable)

The Attorney-at-law assigned to the matter is.....

Dated the                    day of                    , 199

Certifying Authority \_\_\_\_\_

If matter reassigned state name of Attorney-at-law to whom matter  
re-assigned and date \_\_\_\_\_

\_\_\_\_\_  
Certifying Authority \_\_\_\_\_





SECOND SCHEDULE

(Regulations 15 and 21)

Tariff of Fees and Travelling and Subsistence Allowances

PART I

Duty Counsel

	<u>Fee</u>
	\$
1. Attendance to police station or lock-up, advice and representation at Court on first mention day.	5,000.00
2. For each additional person [up to three persons] visited at the police station or lock-up on the same occasion, as at item 1.	1,500.00 per person

PART II  
Criminal Matters

<u>Offences</u>	<u>Senior Counsel</u>	<u>Junior Counsel</u>
<u>Trials</u>	\$	\$
Capital murder	60,000.00	40,000.00
Non-Capital murder and manslaughter	45,000.00	30,000.00
All other Circuit Court and firearm Offences	40,000.00	30,000.00
Resident Magistrate's Court Offences, other than fraud		15,000.00
Fraud		20,000.00 to 40,000.00
Traffic Offences in respect to dangerous and reckless driving and under the influence of alcohol		15,000.00
Preliminary Enquiries In any case where written statements are tendered in evidence and oral evidence is also given	20,000.00	15,000.00
In any case where only written statements are tendered is evidence	10,000.00	6,000.00
 <u>Appeals</u>		
Murder	30,000.00	20,000.00
All other Circuit Court and firearm offences	20,000.00	14,000.00
Resident Magistrate's Court appeals, other than fraud	15,000.00	10,000.00
Fraud	20,000.00	14,000.00

PART III

Travelling and Subsistence Allowances

In any case where an attorney-at-law travels outside of the parish in which he has his chambers, at the existing rates payable to public servants.

Dated the                      day of    , 199 .

Minister of National Security  
and Justice