

Application for Legal Aid in Criminal Proceedings

Form CRM14



Legal Aid Agency

⚠ Please use the Guidance

If you do not complete the form correctly, we will return it. You will find Guidance to help you fill in the form correctly, at: www.justice.gov.uk/forms/legal-aid-agency/criminal-forms/applications
If you need more help or advice, please contact a solicitor.

Protect - Personal
(see question 32)

MAAT Reference (for official use)

For the Legal Representative's use

If the case is an **Appeal to the Crown Court** and there is no change in circumstances, answer **1** and then go to question **23**.

Case type

- | | |
|---|---|
| <input type="checkbox"/> Summary | <input type="checkbox"/> Committal for sentence |
| <input type="checkbox"/> Either way | <input type="checkbox"/> Appeal to Crown Court |
| <input type="checkbox"/> Indictable | <input type="checkbox"/> Trial now in Crown Court |
| <input type="checkbox"/> Appeal to Crown Court and no changes | |

The court hearing the case

Priority case

- | | | |
|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Custody | <input type="checkbox"/> Vulnerable | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Late application in the Crown Court for trial | | |

Date of trial

About you: 1

1

⚠ GUIDANCE

Mr Mrs Miss Ms Other title

Your forenames or other names (in BLOCK LETTERS)

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|

Your surname or family name (in BLOCK LETTERS)

Your date of birth

| | | | |
|----------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="text"/> | <input type="text" value="/"/> | <input type="text" value="/"/> | <input type="text" value="/"/> |
|----------------------|--------------------------------|--------------------------------|--------------------------------|

National Insurance Number and ARC Number: give one of these only.

National Insurance Number

Application Registration Card (ARC) Number

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

- | | |
|---|---|
| <input type="checkbox"/> This is a new application. | <input type="checkbox"/> This application relates to a change of financial circumstances. |
|---|---|

Contacting you

2

Do you have a usual home address?

- | | |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes → Your usual home address |
|-----------------------------|--|

| | |
|----------------------|----------|
| <input type="text"/> | Postcode |
|----------------------|----------|

3

✓ 'Your solicitor's address only, if you are of 'No Fixed Abode', or not at your usual address because you are on bail or remand.

To what address should we write to you?

- | |
|---|
| <input type="checkbox"/> Your usual home address (the address in 2) |
| <input type="checkbox"/> Your solicitor's address (see the side note) |
| <input type="checkbox"/> This address |

| | |
|----------------------|----------|
| <input type="text"/> | Postcode |
|----------------------|----------|

4

Your email address

5 **Your telephone number (landline)** **Mobile phone number**

Work phone number

About you: 2

6 **Your usual home address is:**

a Tenancy (rented) Temporary Your parent's home (you live with them)

Someone else's home → **Your relationship**

Owned by: You Your partner You and your partner, jointly

7 **Are you under 18 years old?**

No Yes → **Are you charged with an adult?**

No: Go to **23** Yes: Go to **23**

8 **Do you have a partner?**

No: Go to **9** Yes: Go to **10**

9 **You are:** Single: Go to **14** Widowed: Go to **14**

Divorced or have dissolved a civil partnership: Go to **14**

Separated → **Date of separation?** / / **Go to 14**

10 **You and your partner are:**

Married or in a Civil Partnership Cohabiting or living together

About your partner

11 **Your partner's details**

Mr Mrs Miss Ms Other title Your forenames or other names (in BLOCK LETTERS)

Surname or family name (in BLOCK LETTERS) Date of birth

/ /

National Insurance Number Application Registration Card (ARC) Number

12 **Is your partner a victim, prosecution witness or a co-defendant in the case for which you require legal aid?**

No Yes → Victim: Go to **14**

Prosecution witness: Go to **14**

Co-defendant → **Does your partner have a conflict of interest?**

No: Go to **13** Yes: Go to **14**

13 Is your partner's usual home address different from yours (the address at question 2)?

No Yes —> Your partner's usual home address

| |
|----------|
| Postcode |
|----------|

Your income and your partner's income

14 Do you or your partner receive any of the benefits listed here?

! GUIDANCE
In this form, if you answer Yes to any question which asks about you or your partner, and you can answer Yes for both of you, give details for you and your partner, not for one of you only.

| | | | |
|-----------------------------|---------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes —> | You | Your Partner |
| | | Income Support <input type="checkbox"/> Go to 23 | <input type="checkbox"/> Go to 23 |
| | | Income-Related Employment and Support Allowance (ESA) <input type="checkbox"/> Go to 23 | <input type="checkbox"/> Go to 23 |
| | | Income-Based Jobseeker's Allowance (JSA) <input type="checkbox"/> When did you last sign on? | <input type="checkbox"/> When did you last sign on? |
| | | / / | / / |
| | | Go to 23 | Go to 23 |
| | | Guarantee State Pension Credit <input type="checkbox"/> Go to 23 | <input type="checkbox"/> Go to 23 |

15 Do you or your partner, together, in a year have a total income from all sources before tax or any other deduction, of more than £12, 475 (£239.90 a week)?

! GUIDANCE No: Go to **16** Yes —> You will need to **complete form CRM15**: Go to **23**

16 Sources of income for you and your partner. Please give details in the table:

! EVIDENCE
! GUIDANCE about:
 ■ Employment
 ■ Total of other benefits
 ■ Other source of income

For all parts of this question:
 ■ If you do not receive income from a source, put **NIL** after the '£'.
 ■ After 'every' put either:
 week,
 2 weeks,
 4 weeks,
 month,
 or year.

| | You | Your Partner |
|--|---|---|
| Employment (wage or salary) | £ every <input type="checkbox"/> Before tax <input type="checkbox"/> After tax | £ every <input type="checkbox"/> Before tax <input type="checkbox"/> After tax |
| Child Benefit | £ every | £ every |
| Working Tax Credits and Child Tax credits | £ every | £ every |
| Universal Credit | £ every | £ every |
| Total of other benefits | £ every | £ every |
| Maintenance income | £ every | £ every |
| Pensions | £ every | £ every |
| Any other source of income such as: ■ a student grant or loan ■ board or rent from a family member, lodger or tenant, or rent from a property ■ financial support from friends and family | £ every Source: | £ every Source: |

17 Are you or your partner self-employed, in a business partnership, or either a company director or a shareholder in a private company?

!GUIDANCE No Yes → You will need to **complete form CRM15: Go to 23**

18 Do you or your partner have any income, savings or assets which are under a restraint order or a freezing order?

No Yes → You will need to **complete form CRM15: Go to 23**

19 Are you charged with a Summary offence, only?

!GUIDANCE No Yes: Go to 22

20 Do you or your partner own or part-own any land or property of any kind, including your own home, in the United Kingdom or overseas?

No Yes → You will need to **complete form CRM15: Go to 23**

21 Do you or your partner have any savings or investments, in the United Kingdom or overseas?

!GUIDANCE No Yes → You will need to **complete form CRM15: Go to 23**

22 Do your answers to the previous questions tell us that you have no income from any of the sources which we have asked about?

No Yes → How do you and your partner pay your bills and daily expenses?

Information for the Interests of Justice test

23 What charges have been brought against you?

!GUIDANCE Describe the charge briefly: for instance, 'Assault on a neighbour'.

| Charge | Date of offence |
|-------------------------------|----------------------------------|
| 1 <input type="text"/> | <input type="text" value="/ /"/> |
| 2 <input type="text"/> | <input type="text" value="/ /"/> |
| 3 <input type="text"/> | <input type="text" value="/ /"/> |
| 4 <input type="text"/> | <input type="text" value="/ /"/> |

24 The type of offence with which you are charged

!GUIDANCE ✓one box only. If you are charged with two or more offences, ✓ the most serious.

Class A: Homicide and related grave offences

Class B: Offences involving serious violence or damage, and serious drugs offences

Class C: Lesser offences involving violence or damage, and less serious drugs offences

Class D: Sexual offences and offences against children →

- Class E: Burglary etc
- Class F: Other offences of dishonesty (specified offences and offences where the value is £30,000 or less)
- Class G: Other offences of dishonesty (specified offences and offences where the value involved exceeds £30,000 but does not exceed £100,000)
- Class H: Miscellaneous other offences
- Class I: Offences against public justice and similar offences
- Class J: Serious sexual offences
- Class K: Other offences of dishonesty (high value: if the value involved exceeds £100,000)

25

Do you have any co-defendants in this case?

No: Go to 27 Yes ———> Their names

26

Is there any reason why you and your co-defendants cannot be represented by the same solicitor?

No Yes ———> The reason(s)

27

Are there any other criminal cases or charges against you or your partner which are still in progress?

No Yes ———> You

Your Partner

The charges

The Court hearing the case

Date of the next hearing

/
/
/

/
/
/

28

Which Court is hearing the case for which you need legal aid?

The Court hearing the case

Date of the hearing

/
/
/

29

! GUIDANCE

1 to **9** are possible reasons.

We suggest you choose one or more reasons with the help of a solicitor.

For each reason you choose, say why you have chosen it.

Mention any evidence that supports your choice of a reason.

If you need more space to answer, please use a separate sheet of paper and put your full name, date of birth and 'Question 29' at the top of the sheet. Please make sure you show which part of the question (**1** to **10**) your writing refers to.

Why do you want legal aid?

1 It is likely that I will lose my liberty if any matter in the proceedings is decided against me.

2 I have been given a sentence that is suspended or non-custodial. If I break this, the court may be able to deal with me for the original offence.

3 It is likely that I will lose my livelihood.

4 It is likely that I will suffer serious damage to my reputation.

5 A substantial question of law may be involved (whether arising from legislation, judicial authority or other source of law).

6 I may not be able to understand the court proceedings or present my own case.

7 Witnesses may need to be traced or interviewed on my behalf.

8 The proceedings may involve expert cross-examination of a prosecution witness (whether an expert or not).

9 It is in the interests of another person (such as the person making a complaint or other witness) that I am represented.

10 Any other reason

Legal representation

30

! GUIDANCE

You must tell the solicitor that you have said in this form that you want them to act for you.

The solicitor who you want to act for you

Mr Mrs Miss Ms Other title Solicitor's initials, surname or family name (in BLOCK LETTERS)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|

Name and address of the solicitor's firm

| |
|----------------------|
| <input type="text"/> |
| Postcode |

Telephone (land line)

Mobile phone

Document Exchange (DX)

Fax

email address

31

✓ **1** or **2**

If you choose **2**,
✓ one of the two other options to show whether you have been instructed by a firm with an LAA contract, or by a solicitor employed by the LAA. Examples of an LAA contract are the 2010 Standard Crime Contract or an Individual Case Contract.

Declaration by the legal representative

1 I represent the applicant. I confirm that I am authorised to provide representation under a contract issued by the Legal Aid Agency (LAA).

2 I represent the applicant. I confirm that I have been instructed to provide representation by:

- a firm which holds a contract issued by the Legal Aid Agency (LAA).
- a solicitor employed by the Legal Aid Agency (LAA) in the Public Defender Service who is authorised to provide representation.

Signed

Date

Provider's LAA Account Number

Full name (in BLOCK LETTERS)

About the information which you have provided and its protection

- The information which you give when you answer this question (which continues on page 8), will be treated in the strictest confidence and will not affect our decision on this application.
- We, or HM Courts and Tribunals Service, may use the information on this form and on forms CRM15 and CRM15C, for statistical monitoring or research. The information we publish will not identify you or anyone else. We will process the information according to the Data Protection Act 1998 and other legal requirements.

1 Are you male or female?

Male Female I prefer not to say

32

! GUIDANCE

The guidance explains how we protect and use the information which you provide in our forms or in other ways.

2
✓ one box in the table to show the best definition of your disability.

The Equality Act 2010 defines disability as:
'A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'.

3
✓ one box in the table of ethnic groups.

2 Do you consider that you have a disability?

No Yes → The best definition is:

| | | |
|--|---|--|
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Mobility impairment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Learning disability or difficulty | <input type="checkbox"/> Long-standing physical illness or health condition | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Visually impaired | |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Blind | |

3 Which of the options in the table best describes you?

| White | Mixed | Asian or Asian British | Black or Black British | |
|--------------------------------------|--|--------------------------------------|--|--|
| <input type="checkbox"/> British | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black African | <input type="checkbox"/> Gypsy or Traveller |
| <input type="checkbox"/> White other | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black other | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Mixed other | <input type="checkbox"/> Asian other | | <input type="checkbox"/> I prefer not to say |

Evidence to support the information which you have given

33 Have you been directed to complete a form CRM15 (see questions 15, 17, 18, 20 and 21)?
 No Yes → If you have a partner, now go to **38**. If not, go to **39**.

34 Has a court remanded you in custody?
 No: Go to **36** Yes: Go to **35**

35 Will your case be heard in a magistrates' court?
 No Yes → If you have a partner, now go to **38**. If not, go to **39**.

36 Are you employed?
 No Yes →

- **If your case will be heard in a magistrates' court, or it is a committal for sentence or appeal to the Crown Court**
We need a copy of your wage slip or salary advice. You must provide it with this form: see the guidance about evidence.
- **If your case will be heard in the Crown Court**
We need a copy of your wage slip or salary advice. You must provide it with this form or within 14 days of the date of your application: see the guidance about evidence.

37 If you have a partner, now go to **38**. If you do not have a partner, go to **39**.

Declaration by your partner

38

! **GUIDANCE**
If your partner is not able to sign this declaration, you must give the reason at the end of question 39.

I declare that this form and any form CRM15 and CRM15C is a true statement of all my financial circumstances to the best of my knowledge and belief. I agree to the Legal Aid Agency and HM Courts & Tribunals Service, or my partner's solicitor, checking the information I have given, with the Department for Work and Pensions, HM Revenue and Customs or other people and organisations. I authorise those people and organisations to provide the information for which the Legal Aid Agency, HM Courts and Tribunals Service or my partner's solicitor may ask.

I have read the **Notice of Fraud** at the end of question 39.

Signed

Date

Full name (in BLOCK LETTERS)

Declaration by you

39

When you read this declaration, keep in mind that some parts of it may not apply to you because the declaration is designed to cover several types of court case.

I apply for the right to representation for the purposes of criminal proceedings under the Legal Aid, Sentencing and Punishment of Offenders Act 2012.

I declare that this form and any form CRM15 and CRM15C is a true statement of my financial circumstances and those of my partner to the best of my knowledge and belief. I understand that this form must be fully completed before a Representation Order can be issued. I understand that if I tell you anything that is not true on this form or the documents I send with it, or leave anything out:

- I may be prosecuted for fraud. I understand that if I am convicted, I may be sent to prison or pay a fine.
- My legal aid may be stopped and I may be asked to pay back my costs in full to the Legal Aid Agency.
- If my case is in the Crown Court, the Legal Aid Agency may change the amount of the contribution which I must pay.

Crown Court I understand that in Crown Court proceedings the information I have given in this form will be used to determine whether I am eligible for legal aid and, if so, whether I am liable to contribute to the costs of my defence under an Income Contribution Order during my case, or if I am convicted, under a Final Contribution Order at the end of my case, or both.

I understand that if I am ordered to pay towards my legal aid under an Income Contribution Order, or if I am convicted and ordered to pay under a Final Contribution Order, but fail to pay as an Order instructs me, interest may be charged or enforcement proceedings may be brought against me, or both.

I understand that I may have to pay the costs of the enforcement proceedings in addition to the payments required under the Contribution Order, and that the enforcement proceedings could result in a charge being placed on my home.

Evidence I agree to provide, when asked, further details and evidence of my finances and those of my partner, to the Legal Aid Agency, its agents, or HM Courts & Tribunals Service to help them decide whether an Order should be made and its terms.

Changes I agree to tell the Legal Aid Agency or HM Courts & Tribunals Service if my income or capital or those of my partner, change. These changes include the sale of property, change of address, change in employment and change in capital. →

It is important that you understand that by signing this declaration you agree to the Legal Aid Agency, the courts, or your solicitor, contacting your partner to check the information that you have given in this form, and in forms CRM15 and CRM15C, if you complete them.

Enquiries

I authorise such enquiries as are considered necessary to enable the Legal Aid Agency, its agents, HM Courts & Tribunals Service, or my solicitor to find out my income and capital, and those of my partner. This includes my consent for parties such as my bank, building society, the Department for Work and Pensions, the Driver and Vehicle Licensing Agency or HM Revenue and Customs to provide information to assist the Legal Aid Agency, its agents or HM Courts & Tribunals Service with their enquiries.

I consent to the Legal Aid Agency or my solicitor contacting my partner for information and evidence about my partner's means. This includes circumstances where my partner is unable to sign or complete the form.

I understand that if the information which my partner provides is incorrect, or if my partner refuses to provide information, then: if my case is in the magistrates' court, my legal aid may be withdrawn or, if my case is in the Crown Court, I may be liable to sanctions. I understand that the sanctions may result in me paying towards the cost of my legal aid or, if I already pay, paying more towards the cost of my legal aid, or paying my legal aid costs in full.

Ending legal aid

I understand that I must tell my solicitor and write to the court if I no longer want public representation. I understand that if I decline representation I may be liable for costs incurred to the date when my solicitor and the court receive my letter.

Data sharing

I agree that, if I am convicted, the information in this form will be used by HMCTS or designated officer to determine the appropriate level of any financial penalty ordered against me, and for its collection and enforcement.

Notice on fraud

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

Further details explaining how the information held by fraud prevention agencies may be used can be found in the 'Fair Processing Notice', available on the Legal Aid Agency website at: www.justice.gov.uk/legal-aid/make-an-application

Signed

Date

Full name (in BLOCK LETTERS)

If your partner has not signed the declaration at **38**, please explain:

Official use

Interests of Justice test

Consider all the available details of all the charges, against the Interests of Justice criteria.

Mention issues here which you considered when you decided the application. Include information given orally.

I have performed the Interests of Justice test for case number:

The application is **passed** The application is **refused**. My reason(s):

Signed

Name of the appropriate officer

Date

Financial eligibility for

Magistrates' Court Passed Refused

Crown Court Refused: Ineligible

Granted: No income contribution

Granted: Contribution of £

Signed

Name of the appropriate officer

Date