



(This sample form is for reference only)

APP (CIVIL)

Application For Legal Aid

(Civil)

Tick or as appropriate

Legal Aid Department

Official Use

AN : _____

AD : _____

PLAR : _____

PART 1 YOUR PERSONAL PARTICULARS

 As printed on your Hong Kong Identity Card / passport

Mr Name in Block Letters (Surname First)
 Mrs
 Ms
 Miss

CHEUNG SIU CHUN

Name in Chinese

張小珍

HKID Card No. Passport / Travel Document No.

A111222 (3)

Date of Birth

01 01 19810
Day Month Year

Marital Status: Single Married Divorced Widowed

Separated since

Year Month

Telephone

Home 2888 7777
Office 3333 5555
Mobile 5432 2345
Email Address cheung@email.com

Residential Address

H Flat / Room 20 Floor 4 Block
TAI PO BUILDING Building / Estate Name
NO.90 TAI PO ROAD Street No. and Name
TAI PO District H.K. KLN N.T.
HONG KONG City / Region / Country

Residing at the above address since 19 01
Year Month

Residence provided by Employer Yes No

Correspondence Address (If different from above)

Flat / Room Floor Block
N/A Building / Estate Name
Street No. and Name
District H.K. KLN N.T.
City / Region / Country

PART 2 NATURE OF INTENDED APPLICATION TO THE COURT FOR PROCEEDINGS / PROCEEDINGS ALREADY COMMENCED IN COURT

Divorce Enforcement of Maintenance Order Variation of Custody Order Variation of Maintenance Order
 Judicial Review Wages Claim Money Disputes Land / Property Disputes

Employees' Compensation and Personal Injuries Employees' Compensation Personal Injuries
 Medical Negligence Professional Negligence

Date of Incident 15 05 2020
Day Month Year

Place of Incident NO.1 YEE WO STREET, CAUSEWAY BAY

Others _____

Opposite Party(ies) (name(s) of person(s) / organisation(s) / company(ies))

1 TAXI (REGISTRATION NO. AA6789) 2 XX INSURANCE COMPANY

Court action no(s) should be provided if proceedings have been commenced in court

Court Action No(s) 1 NIL 2 NIL

If there is insufficient space, please provide extra information in PART 7

Application in a representative or fiduciary capacity as:

- (i) next friend / guardian ad litem of a person under disability (including minors under the age of 18 or mentally incapacitated persons);
- (ii) trustee;
- (iii) personal representative (administrator / executor) of the estate of a deceased person;
- (iv) attorney appointed pursuant to a duly executed power of attorney.

Application in a representative or fiduciary capacity Yes No

If yes, provide only the information of the person you are applying for ("relevant person") in the parts below

Please fill "✓" in the box of Yes.

PART 3A OCCUPATION (Your occupation or the relevant person's occupation)

Full-time Part-time Casual Worker **Note 1**

Employer's Name / Address / Telephone No.

N/A

Position N/A

It means working on a casual basis and/or without fixed employer.

Employed since

Year			Month		

Not Employed

Unemployed Retired Student Housewife

Last Employment N/A

Unemployed / Retired since

Year			Month		

Monthly Income from Last Employment \$ N/A

Self-employed / Owner of a Business **Note 2**

(Please complete a separate Form B for each business)

Nature of Work / Name of Business N/A

Comprehensive Social Security Assistance (CSSA) Recipient

Number of Business(es) N/A

It includes sole proprietor, business partner and shareholder in a private company. (i.e. if relevant person holds shares of the company or if relevant person runs and controls the business)

PART 3B SPOUSE'S INFORMATION **Note 3** (Your spouse or the relevant person's spouse)

Name in Block Letters (Surname First)

N/A

Name in Chinese

N/A

You need not complete PART 3B RELEVANT PERSON'S SPOUSE'S INFORMATION if relevant person's spouse is the opponent in the proceedings to which this application relates or if relevant person and relevant person's spouse are divorced or separated because of a break-down in relationship.

Full-time Part-time Casual Worker **Note 1**

Employer's Name / Address / Telephone No.

N/A

Position N/A

Employed since

Year			Month		

Not Employed

Unemployed Retired Student Housewife

Last Employment N/A

Unemployed / Retired since

Year			Month		

You need not include the income of relevant person's spouse if the relevant person's spouse is the opponent in the proceedings to which this application relates or if relevant person and relevant person's spouse are divorced or separated because of a break-down in relationship.

Self-employed / Owner of a Business **Note 2**

(Please complete a separate Form B for each business)

Nature of Work / Name of Business N/A

Number of Business(es) N/A

You should state the amount of relevant person's and/or relevant person's spouse's gross income from employment which should include salary, allowance, bonus, commission etc. Contribution to pension/retirement scheme / mandatory provident fund etc, if any, should be stated in PART 6 DEDUCTIBLE ITEMS. Income derived from being the Director of a company should also be included.

PART 4 INCOME **Note 4** You should make full and frank disclosure of all income earned by YOU AND YOUR SPOUSE/THE RELEVANT PERSON AND HIS/HER SPOUSE in this PART

A Income from Full-time Employment (per month) **Note 5**

applicant/relevant person \$ NIL spouse \$ N/A

B Income from Non Full-time, Part-time or Casual Work Employment **Note 6**

applicant/relevant person \$ NIL spouse \$ N/A

It includes the gross income from part-time employment as well as gross income from job paid on a casual or piece-work basis. You should state relevant person's and/or relevant person's spouse's average monthly income from such employment for the past 12 months. Contribution to pension/retirement scheme / mandatory provident fund etc, if any, should be stated in PART 6 DEDUCTIBLE ITEMS.

C **Monthly Average** Allowance Bonus

Commission

Year End Double Pay

Benefits-in-kind **Note 7**

applicant/relevant person \$ NIL spouse \$ N/A

It means the cash value of any benefits-in-kind provided by relevant person's and/or relevant person's spouse's employer, such as provision of quarters, housing or education allowances.

D Monthly Pension

applicant/relevant person \$ NIL spouse \$ N/A

It includes maintenance payment for relevant person and/or relevant person's infant child, rent received by relevant person and/or relevant person's spouse from subletting, royalty, and income from whatever sources including disability or old age allowance received by relevant person and/or relevant person's spouse and regular living expenses / financial assistance provided to relevant person and/or relevant person's spouse by other people.

E Income from Other Sources **Note 8**

Monthly Contribution from Family Members or Other Sources (Please specify nature)

applicant/relevant person \$ NIL spouse \$ N/A

F You/your spouse/the relevant person/his or her spouse have/has been receiving

CSSA Portable Comprehensive Social Security Assistance since NIL

The amount received last month was \$ NIL The CSSA Reference No. is NIL

When calculating the amount of relevant person's rental income from subletting, you should deduct the amount of rent paid by relevant person. However, if the subletting is in respect of part of relevant person's self-occupied / main dwelling and the rental income is less than the rent relevant person pay, the net balance should be stated as deduction in item (1) under "Claim for Deduction of Monthly Outgoings in respect of Self-occupied /Main Dwelling" in PART 6 DEDUCTIBLE ITEMS.

If there is insufficient space, please provide extra information in PART 7

You need not include assets owned by relevant person's spouse if relevant person's spouse is the opponent in the proceedings to which this application relates or if relevant person and relevant person's spouse are divorced or separated because of a break-down in relationship.

PART 5A ASSETS Note 9

You should make full and frank disclosure of all assets owned by **YOU AND YOUR SPOUSE/ THE RELEVANT PERSON AND HIS/HER SPOUSE** in this PART

Money in Bank (Including all Joint Accounts) Note 10

Name of Bank	A/C Number	Name of A/C Holder(s)	Latest Balance
(1) XX BANK	000-123-456	CHEUNG SIU CHUN ON BEHALF OF CHAN YAT MING	\$ 8,000
(2) YY BANK	024-567-890	CHEUNG SIU CHUN ON BEHALF OF CHAN YAT MING	\$ 500
(3) AA BANK	033-123-456	CHEUNG SIU CHUN	\$ 2,000
(4) NIL	NIL	NIL	\$ NIL
(5) NIL			

You should give details of all bank accounts both in and outside Hong Kong (including Mainland China or other countries) including time deposits and deposits in foreign currencies held by relevant person & relevant person's spouse.

Property Owned Note 11

	Property 1	Property 2
Address	NIL	NIL
Name of Owner(s)	NIL	NIL
Current Market Value	\$ NIL	\$ NIL

You should give details of all the properties wholly or partly owned by relevant person both in and outside Hong Kong (including Mainland China or other countries), including the property owned under relevant person's name and/or relevant person's spouse's name as well as that owned under the name of a company, of which relevant person and/or relevant person's spouse are / is director(s) or shareholder(s). Please write down "NIL" if there is no such item.

Amount of Outstanding Mortgage

	applicant / relevant person		spouse		applicant / relevant person		spouse	
Share of ownership (%)	NIL	%	NIL	%	NIL	%	NIL	%
Self-occupied	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Main Dwelling Note 12	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

If you have indicated that relevant person resides in more than one property, please further indicate which of the properties relevant person resides in is relevant person's main dwelling.

Shares and other Investments

Name of Shares / Investments	Number of Shares / Investments	Current Total Market Value	Shares Held (%)	
			applicant/relevant person	spouse
(1) NIL	NIL	\$ NIL	NIL %	NIL %
(2) NIL	NIL	\$ NIL	NIL %	NIL %
(3) NIL	NIL	\$ NIL	NIL %	NIL %

It means the maximum amount which relevant person could readily borrow on the security of the life assurance or endowment policies. You may contact the insurance agent or company to find out the amount. Please fill in "NIL" if there is no such item.

Life Insurance or Endowment Policies

Name of Insurance Company	Policy Number	Current Maximum Loan Value Note 13
(1) NIL	NIL	\$ NIL
(2) NIL	NIL	\$ NIL
(3) NIL	NIL	\$ NIL

Motor Vehicle

Nature of Use	Vehicle registration mark	Net Value Note 14
(1) Vehicle 1 <input type="radio"/> Self use <input type="radio"/> *Business	NIL	\$ NIL
(2) Vehicle 2 <input type="radio"/> Self use <input type="radio"/> *Business	NIL	\$ NIL

It refers to the present market value of the car net of any outstanding loan. Please fill in "NIL" if there is no such item.

(*If used for business purpose, please complete a separate Form B)

Other Valuable Assets Note 15

Valuable assets include jewellery, antiques and assets of intangible nature such as goodwill, copyrights, patent and other intellectual properties. Please fill in "NIL" if there is no such item.

Nature of Asset(s)	Current Total Market Value
(1) NIL	\$ NIL
(2) NIL	\$ NIL

Cash excluding the balance in the above-mentioned bank account(s) \$ 500

If there is insufficient space, please provide extra information in PART 7

Debts Recoverable \$ NIL

Please fill in "NIL" if there is no such item.

Estate: Is the applicant/relevant person and/or spouse going to inherit to any estate of the deceased on intestacy or under the provisions of a will?

No Yes If yes, please provide details in PART 7

Save as disclosed above, is the applicant/relevant person and/or spouse a shareholder/director of any company registered in or outside Hong Kong?

No Yes Name of Company _____

Shares owned No. of Shares _____ Value \$ _____

Director's Remuneration \$ _____

Save as disclosed above, does the applicant/relevant person and/or spouse hold other bank accounts or own other properties or assets in or outside Hong Kong?

No Yes If yes, please provide details in PART 7

Save as disclosed above, does the applicant/relevant person and/or spouse hold other bank accounts or own other properties or assets jointly with others in or outside Hong Kong?

No Yes If yes, please provide details in PART 7

You should give details of all bank accounts both in and outside Hong Kong (including Mainland China or other countries) including time deposits and deposits in foreign currencies held by relevant person & relevant person's spouse.

PART 5B ASSETS HELD IN THE APPLICANT'S/RELEVANT PERSON'S NAME ON BEHALF OF OTHERS

You should make full and frank disclosure of all assets held by YOU AND YOUR SPOUSE/THE RELEVANT PERSON AND HIS/HER SPOUSE on behalf of others in this PART

Money in Bank (Including all Joint Accounts) Note 10

Name of Bank	A/C Number	Name of A/C Holder(s)	Owner of the money	Latest Balance
(1) <u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>
(2) <u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>

Property

	Property 1	Property 2
Address	<u>NIL</u>	<u>NIL</u>
Name of Registered Owner(s)	<u>NIL</u>	<u>NIL</u>
Name of Person on whose behalf the property is held	<u>NIL</u>	<u>NIL</u>
Current Market Value	\$ <u>NIL</u>	\$ <u>NIL</u>

Other Valuable Assets Note 15

Nature of Asset(s)	Owner of Asset(s)	Current Total Market Value
(1) <u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>
(2) <u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>

PART 5C ASSETS DISPOSED OF PRIOR TO APPLICATION FOR LEGAL AID

You should make full and frank disclosure of all assets disposed of by YOU AND YOUR SPOUSE/THE RELEVANT PERSON AND HIS/HER SPOUSE in this PART

- When did you first become aware that you would have to take or defend the proceedings referred to in Part 2 of this application? / To the best of your knowledge and belief, when did the relevant person or his/ her spouse first become aware that the relevant person would have to take or defend the proceedings referred to in Part 2 of this application or when did it become necessary for the relevant person to take or defend those proceedings? 2021.01.01
- Have you or your spouse (or, to the best of your knowledge and belief, has the relevant person or his/her spouse) transferred, sold, or given any money, property or assets to any person, company or body or cancelled any life insurance, endowment policies or bank accounts since the date mentioned in the reply to the above question?

(a) cash	<input type="radio"/> Yes	<input checked="" type="radio"/> No
(b) landed properties	<input type="radio"/> Yes	<input checked="" type="radio"/> No
(c) life insurance or endowment policies	<input type="radio"/> Yes	<input checked="" type="radio"/> No
(d) bank accounts	<input type="radio"/> Yes	<input checked="" type="radio"/> No
(e) others (including but not limited to gold, jewellery and / or other valuable assets) Note 15	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Valuable assets include jewellery, antiques and assets of intangible nature such as goodwill, copyrights, patent and other intellectual properties. Please fill in "NIL" if there is no such item.

3. If you have answered YES to any of the above questions, please give full details below:-

Date	Particulars of Asset(s)	Value/Amount	Person(s) to whom the asset(s) was/were given/transferred
<u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>	<u>NIL</u>
<u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>	<u>NIL</u>
<u>NIL</u>	<u>NIL</u>	\$ <u>NIL</u>	<u>NIL</u>

Please fill in "NIL" if you have no such item.

If there is insufficient space, please provide extra information in PART 7

PART 6 DEDUCTIBLE ITEMS

Compensation or Donation Received in respect of the Incident referred to in Part 2

Traffic Accident Victims Assistance payment

Criminal and Law Enforcement Injuries Compensation

Employees' Compensation

Donation or value of gift

Money received under insurance policy

Please fill in "NIL" if there is no such item.

\$ 15,000
\$ NIL
\$ NIL
\$ NIL
\$ NIL

Where relevant person's application relates to a claim for damages arising from personal injury to relevant person and relevant person has received monies under an insurance policy in respect of the injury, deduction may be allowed for the care, medical treatment and equipment reasonably required by relevant person as a result of the injury for a 3-year period from the date of your application.

Note 16

The Moneys were deposited in the following bank accounts:

Bank A/C No. XX BANK 000-123-456

Bank A/C No. NIL

(CSSA recipients do not need to complete the rest of this page. Please go to Part 7)

Particulars of Dependents **Note 17**

You should provide particulars of person who is wholly maintained by relevant person. Please fill in "NIL" if there is no such item.

	Name	Age	Relationship
(1)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(2)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(3)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(4)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(5)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>
(6)	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>

Claim for Deduction of Monthly Outgoings in respect of Self-occupied Property/Main Dwelling

(1) Rent Mortgage Payment Cost of Living Accommodation **Note 18**

\$ NIL

(2) Management Fee

\$ NIL

(3) Rates and Government Rent

\$ NIL

(4) Building Insurance Premium

\$ NIL

If relevant person is a householder, you may claim deduction in respect of rent of relevant person's main dwelling. However, if relevant person sublets part of relevant person's main dwelling, the amount of net rent payable by relevant person shall be claimed as deduction.

If relevant person is not a householder, relevant person may claim deduction in respect of cost of living accommodation.

Please write down "NIL" if there is no such item.

Claim for Deduction of Monthly Expenses by the applicant/relevant person and/or his/her spouse for Care of Dependents with Special Needs excluding general living expenses

Infant Dependant Dependant unable to take care of himself/herself by reason of his/her mental or physical condition

\$ NIL

Monthly Contribution to Pension / Retirement Scheme or Mandatory Provident Fund

applicant/relevant person \$ NIL

spouse \$ N/A

Salaries Tax

applicant/relevant person \$ NIL

spouse \$ N/A

Claim for Deduction of Maintenance Paid **Note 19**

\$ NIL

Deduction may be allowed where payment is actually and reasonably made for the maintenance of relevant person's spouse living separate and apart or a former spouse or a child who is not a dependant as stated in PART 6.

PART 7 EXTRA INFORMATION Note 20

You could write down in this PART answers to earlier questions if the space provided there is not enough or any other matters which you think are relevant to relevant person's financial circumstances or your application with copies of relevant documents attached.

1) THE BALANCE OF THE ACCOUNT WHICH I OPENED IN AA BANK (ACCOUNT NO.:033-123-456) IS THE "LAI SEE" (RED POCKET MONEY) OF CHAN YAT MING (I.E. THE RELEVANT PERSON).



Signature of Applicant

1-5-2021

Date of Submission

For use only by applicants in a representative or fiduciary capacity as:

- i) next friend / guardian ad litem of a person under disability (including minors under the age of 18 and mentally incapacitated persons);
- ii) trustee ;
- iii) personal representative (administrator / executor) of the estate of a deceased person;
- iv) attorney appointed pursuant to a duly executed power of attorney.

PARTICULARS OF THE PERSON YOU ARE APPLYING FOR (“THE RELEVANT PERSON”)

PART 1A PERSONAL PARTICULARS OF THE RELEVANT PERSON

As printed on the Hong Kong Identity Card / Passport

<input checked="" type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss	Name in Block Letters (Surname First) CHAN YAT MING	Name in Chinese 陳一明
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<input checked="" type="radio"/> HKID Card No. <input type="radio"/> Passport / Travel Document No. D333222 (0)	Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> </tr> <tr> <td colspan="2" style="text-align: center;">Day</td> <td colspan="2" style="text-align: center;">Month</td> <td colspan="4" style="text-align: center;">Year</td> </tr> </table>	0	1	0	2	2	0	0	7	Day		Month		Year			
0	1	0	2	2	0	0	7										
Day		Month		Year													

Marital Status: Single Married Divorced Widowed Separated since

Year			Month		

The relevant person is: A minor A mentally incapacitated person Others _____

Relationship with the applicant: _____ MOTHER AND SON _____

Telephone	
Home	2888 7777
Office	NIL
Mobile	5988 5988
Email address	ming@mail.com

Residential Address																									
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	TAI PO BUILDING Building / Estate Name																								
	NO.90 TAI PO ROAD Street No. and Name																								
	TAI PO District <input type="radio"/> H.K. <input type="radio"/> KLN <input checked="" type="radio"/> N.T.																								
	HONG KONG City / Region / Country																								

Residing since

1	9	0	1
Year		Month	

 Residence provided by Employer Yes No

Correspondence Address (If different from above)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">Flat / Room</td> <td colspan="2" style="text-align: center;">Floor</td> <td colspan="6" style="text-align: center;">Block</td> </tr> </table>													Flat / Room				Floor		Block					
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