



**Ministry of Health and Social Development
Social Development Department**



LEGAL AID APPLICATION

File No.: _____

Client Name: _____ Interview Date: _____

Date of Birth: _____ Age: _____ Sex: _____ District: _____

Place of Birth: _____ Length of Time in the B.V.I.: _____

Status: Separated: ____ Married: ____ Single: ____ Divorce: ____ Child: ____

Address: _____

Telephone #: _____ (Home) _____ (Work) _____ (Cell)

Occupation:

____ Private
____ Public
____ Unemployed

Job Classification:

____ Clerical ____ Hospitality
____ Domestic ____ Professional

Name of Employer: _____

Length of Time at this job: _____ years _____ months _____ days

Last day on the job (if incarcerated): _____

Educational Background:

____ High School Graduate
____ College Graduate
____ School Drop Out

Level of School completed _____

Social Security Number: _____ NHI: _____

Type of Offence: _____

Date of arrest: _____

Date of next court appearance: _____

DECLARATION OF APPLICANT

I, _____ of _____ hereby state as follows:-

1. I have applied for legal aid under the Legal Aid Scheme operated jointly by the Government of the Virgin Islands, and the BVI Bar Association.
2. My income and property comprises the following:-
 - [(a) Salary / Wages (Income) from
 - [(b) Monies in bank accounts held at Bank in British Virgin Islands or/state other Bank and address]
 - [(c) Motor Car PV valued approx.: \$.....
 - [(d) Real Estate Property situate at
 - [(e) Other Property
3. I hereby authorize and appoint of the Social Development Department of the Government of the British Virgin Islands to be my attorney and to obtain all such information relative to my income and property including the power to obtain information on any and all bank accounts in my name or held in trust for me, and in taking all steps as may be necessary for the purpose of verifying the information herein given.

Sworn before me)
 At)
 This day of 20____)
)
)
)
 _____)

[Name of Applicant / Declarant]

Commissioner for Oaths

FOR OFFICIAL USE ONLY

Date of Legal Aid Meeting _____

Decision made by the Board

Legal Aid Means Test

Sources of Income	Amount		
Employment			
Pensions			
Social Security Benefits			
Other Benefits			
Dividends			
Debt payment received			
Rent received			
Maintenance received			
Workers Compensation			
Contributions			
Insurance payments received			
Other Income			
Total Income			
Expenses			
Income Tax			
Social Security Contributions			
Rent Paid			
Electricity			
Medical			
Water			
Mortgage			
Telephone			
Internet			
Cable			
Loans			
Food			
Total Expenses			
Assessable Income			
Contribution to Proceedings			
Assets			
Land			
Cash			
Savings Account			
Shares			
Other			
Total Assets			
Allowances			
Dependants			
Other allowances			
Total allowances			
Assessable Assets			
Contribution to Proceedings			
Assessable Income and Assets			
Total Contribution to proceedings			
Cost of Legal Proceedings			
Amount of Legal Aid			



APPLICATION FOR SERVICE

I, _____ residing on the island of _____, British Virgin Islands and intending to maintain my residence in the British Virgin Islands as of _____ (Date of Residency), hereby voluntarily request services from the Social Development Department of the Government of the British Virgin Islands, Ministry of Health & Social Development.

I agree to participate in the Intake process, which may include a psychosocial evaluation to determine eligibility for services from the Social Development Department. I understand the length and type of treatment of each client may vary according to the client's individual needs and the social worker's judgment. In addition, I understand that the Social Development Department reserves the right to refer its clients to a more appropriate treatment service when indicated.

I agree to participate in the development of the working contract, which includes reviews at least bi-annually. I understand that if I disagree with the content of the working contract, I have the right to discuss the disagreement with my social worker and bring an administrative appeal to the Chief Social Development Officer or the Permanent Secretary at the Ministry of Health & Social Development.

I further understand that, in situations where the social worker determines that there is a risk of neglect or injury involving any child in my care, the law mandates that such concerns be reported to the appropriate authorities in order to ensure the child's safety.

I understand that I have the following rights:

- a) To receive kind and respectful care
- b) To have privacy (within the limits of confidentiality)
- c) To ask questions about the services
- d) To review me and/or my child's progress with the social worker
- e) To discontinue treatment and/or seek treatment elsewhere

My signature indicates that this information has been reviewed with me.

Applicant/Legal Guardian _____ **Date:** _____

Witness: _____ **Date:** _____



**GOVERNMENT OF THE BRITISH VIRGIN ISLANDS
AUTHORIZATION TO EXCHANGE/OBTAIN INFORMATION**

Client's Name: _____

I hereby give permission to the Social Development Department to exchange/obtain information concerning (Client's Name) _____ for the purpose of Investigation/Assessment.

I authorize the Social Development Department to contact the following person/agency: - **Employer**, **Mental Health**, **Magistrate's Court**, **Social Security**, **Dept. of Education**, **Attorney**, **Sandy Lane Center**, **Police Dept**, or **Other** to share information regarding the aforementioned.

I agree that the professionals sharing this information shall not be held liable in any manner for the release of this information.

Type of information to be obtained:

- Job Info.
- Student Performance Report(s)
- Psychiatric Assessment(s)/ Report(s)
- Psychosocial Assessment(s)/Report(s)
- Court Report(s)
- Police Report(s)
- Other: _____

Client's Signature: _____ Date: _____

Witness: _____ Date: _____