**Request for confirmation of benefit entitlement for Legal Aid eligibility assessment.**

|  |  |
| --- | --- |
| Client Name: |  |
| National Insurance number: |  |
| Name of firm requesting information: |  |
| Address of firm requesting information: |  |

|  |  |  |
| --- | --- | --- |
| Name of Benefit: |  | |
| Is this contributions-based or income-related? (please tick relevant box) | Contribution Based | Income related/based |
| Date benefit started: (please confirm this information) |  | |
| Is this ongoing? | YES | NO |
| If not ongoing, what date did the benefit stop? |  | |
| Is this a joint claim? | YES | NO |
| If yes what is the name of the other person claiming? |  | |

Please confirm the value and frequency of the payments.

|  |  |
| --- | --- |
| **Amount:** | £ |
| **Frequency: Weekly, Monthly etc** |  |

|  |  |
| --- | --- |
| **Name of department confirming benefit:** |  |
| **Name of person confirming benefit:** |  |
| **Contact Details:** |  |
| **Date and signature:** |  |
| **Client Declaration:** | | |

I hereby confirm that I consent to my solicitor making enquiries to you in relation to my state benefit entitlement to support my application for Legal Aid assistance.

Please treat this notice as my express written authorisation to provide any & all information that they ask for.

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_