

Continuation of questions

in the Financial Statement for Legal Aid in
Criminal Proceedings (Form CRM15)

Form
CRM15C



Legal Aid
Agency

Protect - Personal

Please use the pages of this form to continue your answers to the questions on form CRM15 which are listed opposite.

- Use as many copies of a page as you need.
- You may use parts of a page only (for instance, you may want to show several deductions from a wage, only).

For question:	Use:	For question:	Use:
2	page 1	26 and 28	page 5
5	page 2	29	page 6
13	page 3		
24 and 25	page 4		

1

About you

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"/>	

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! GUIDANCE

Check the
Guidance to see
if you need to
include your
partner's details

About a second or further employer of you or your partner (as employees)

! EVIDENCE

	You	Your Partner
Employer's name	<input type="text"/>	<input type="text"/>
Employer's full address including the post code	<input type="text"/>	<input type="text"/>
Job title, or briefly describe the job	<input type="text"/>	<input type="text"/>
Salary or wage	£ <input type="text"/> every <input type="text"/> <input type="checkbox"/> Before tax <input type="checkbox"/> After tax	£ <input type="text"/> every <input type="text"/> <input type="checkbox"/> Before tax <input type="checkbox"/> After tax
Deductions:		
Income Tax	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
National Insurance	£ <input type="text"/> every <input type="text"/>	£ <input type="text"/> every <input type="text"/>
Any other deduction	£ <input type="text"/> every <input type="text"/> Details: <input type="text"/>	£ <input type="text"/> every <input type="text"/> Details: <input type="text"/>

! **GUIDANCE**

! **EVIDENCE**

Some parts of this question may not apply to you or your partner. If you think a box does not apply, say that in the box.

If a question asks for a sum of money and the amount is £NIL, put **NIL**.

The second or further business, partnership, directorship or shareholding which you told us about in question 3 on form CRM15.

	You	Your Partner
Total turnover over the last 12 months	£ every	£ every
Total drawings over the last 12 months	£ every	£ every
Total profit over the last 12 months	£ every	£ every
Percentage share of profit	per cent (%)	per cent (%)
Director's salary or remuneration received	£	£
Total income from share sales	£	£
The trading name of the business or partnership		
The trading address or registered address		
In business with anyone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes → Their name(s):	<input type="checkbox"/> No <input type="checkbox"/> Yes → Their name(s):
The nature of the business		
How many people work for the business?		
The date when the business began trading		

Please continue to describe how you and your partner pay your bills and daily expenses when you have no income from any of the sources which we have asked about in previous questions.

24 The address, and the postcode if applicable, of an additional property or piece of land



Postcode

25 About the land or property that has the address which you gave at question 24



1 Do not include the percentage owned by a mortgage lender.

2 Do not include the share owned by a mortgage lender.



1 The percentage of the property or land which you and your partner own (see the side panel)

You

per cent (%)

Partner

per cent (%)

2 Does anyone else own a share of this property or land (see the side panel)?

☐ No

☐ Yes

→ Their name(s) and relationship to you

3 Is there a mortgage which has to be paid off?

☐ No

☐ Yes

→ Total amount owing

£

4 What is the estimated market value of this property or land?

£

5 Type of property

Residential: ☐ Terraced ☐ Bungalow ☐ Detached ☐ Semi-detached

☐ Flat or Maisonette

☐ Other type of property → Please explain:

Number of bedrooms

Commercial:

What is the commercial property used for?

Land:

Size

acres

How is the land used?

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! GUIDANCE
! EVIDENCE

Include empty or
overdrawn
accounts

Savings which you have declared on form CRM15 that you or your partner have in the United Kingdom or overseas.

Name of bank, building society or other holder of the savings	Sort code or Branch name	Account Number	Type of account	Balance	In whose name is the account?
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				£ <input type="text"/>	You <input type="checkbox"/> Your Partner <input type="checkbox"/> Joint <input type="checkbox"/>
				<input type="checkbox"/> Overdrawn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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! GUIDANCE
! EVIDENCE

Additional National Savings Certificates which you or your partner own.

	Customer (or Holder's) Number	Customer (or Holder's) Number
	<input type="text"/>	<input type="text"/>
Certificate Number	<input type="text"/>	<input type="text"/>
Certificate Number	<input type="text"/>	<input type="text"/>
Certificate Number	<input type="text"/>	<input type="text"/>
Total value of the National Savings Certificates		£ <input type="text"/>

