

DR GIRALDI PUBLIC INQUIRY

APPLICATION FOR LEGAL EXPENSES FUNDING AWARD

APPLICATION FORM

To help you complete this Form, you should read the Inquiry Protocol relating to Legal Representation at Public Expense ("the Protocol"). There are also *notes* contained within the Form to assist you.

Further copies of this Form and of the Protocol can be obtained upon request from the Solicitors to the Inquiry:

Triay Stagnetto Neish
Burns House
19 Town Range
Gibraltar
Tel: +350 200 79423
Fax: +350 200 71405
Email: nc@tsnlaw.com
Ref: NC/GOH/5744/98/4.

Completed forms should be returned to the Solicitors for the Inquiry. **Applications will normally be considered within 14 days of receipt of the application form.**

1. YOUR DETAILS

Full name :

Address :

Telephone numbers

Work :

Home :

Mobile :

E-mail address :

2. HAVE THE SOLICITORS TO THE INQUIRY ALREADY ACCEPTED IN WRITING THAT YOU MEET THE CRITERIA IN PARAGRAPH 2 AND SUBPARAGRAPHS 4(A) AND 4(B) OF THE PROTOCOL?

YES

NO

2.1 If you have answered “NO” to question 2, please explain why you believe you meet the criteria in paragraph 2 and subparagraphs 4(a) and 4(b) of the Protocol.

(In responding to this question, please have regard in particular to paragraphs 2 and 4 of the Protocol.)

3. THE NATURE AND SCOPE OF THE LEGAL REPRESENTATION TO BE COVERED BY THE LEGAL EXPENSES AWARD APPLIED FOR

3.1 Please specify the matters in relation to which the expenses of your recognised legal representative will be incurred.

(In responding to this question, please refer to paragraphs 11, 14, 15 and 17 of the Protocol.)

3.2 Please provide an estimate of the total number of hours of work it is anticipated your legal representative will be engaged on each matter you have specified in paragraph 3.1.

(In responding to this question, please refer to paragraphs 12, 14 and 15 of the Protocol.)

3.3 Please advise whether you believe your interests in the Inquiry and the facts upon which you are likely to rely in the course of the Inquiry are similar to those of any other applicant(s) and/or witness(es) to the Inquiry (and, if so, who).

(In responding to this question, please refer to paragraphs 8, 9 and 10 of the Protocol.)

3.4 Please give details of any other foreseeable expenses relating to your legal representation.

(In responding to this question, please refer to paragraph 15 of the Protocol.)

4. YOUR LEGAL REPRESENTATIVE

Full Name :

Seniority :

Name of firm/chambers :

Address :

Telephone number :

Fax number :

Email address :

Proposed hourly rate :
(In responding to this question, please refer to paragraph 12 of the Protocol.)

Estimated number of hours to be worked per week :
(In responding to this question, please refer to paragraph 15 of the Protocol.)

5. OTHER FUNDING SOURCES

5.1 Please advise whether you could reasonably expect your legal expenses to be met by any other entity, for example, an employer, a previous employer, a professional association or a trade union.

 YES NO

5.2 Please advise whether funding from an insurance policy providing legal expenses insurance or professional indemnity insurance may be available to you.

 YES NO

5.3 If you have answered "YES" to questions 5.1 or 5.2, please advise of any special circumstances which might nevertheless justify a call on public funds.

6. OTHER INFORMATION

Please give any other relevant information you wish to have taken into account.

6. DECLARATION

I certify that the information given in this Application Form is true and correct.

Signature:

Full name:

Date: