

Means Checklist for CCMS

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To be used when clients are unable to attend the office.

** Denotes a mandatory field on CCMS*

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How to use this Checklist

This checklist has been designed to be used as a tool when the client is unable to attend the office and the solicitor has had to travel to attend on them to take their instructions. It will outline what information that CCMS may ask for.

Please print the relevant parts of this checklist that suits your client's circumstances and take these along with the CIVMEANS1P, L17, L31 and/or CIVMEANSC forms as required dependent on your client circumstances:

Please note that:

- If you are using the L17 form to evidence earnings
- If you are using the L31 form to evidence business income and deductions

Then these forms will be required to be sent as evidence via CCMS.

Further:

- If the client is a Prisoner the CIVMEANS1P will be required to be completed.
- If the client and/or their partner (if applicable) is a Company Director and/or Shareholder then a CIVMEANS1C will be required to be completed by the Company Accountant.

These forms will be required to be sent as evidence via CCMS on the Substantive application.

Upon return to the office this information should be entered into CCMS. The application summary should then be printed and the client declaration obtained. You will be unable to submit the application until you confirm you have obtained the client declaration. The declaration must then be retained on the client file.

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General Details

Client's Details

Please check all the following details are known for the client:

- Client full name*: _____
- Client's Address*: _____
- Client's NINO*: _____

Partner Details

Please check all the following details are known for the client's partner (if applicable):

- Partner full name*: _____
- Partner's Address (if different to the Client's)*: _____
- Partner's NINO*: _____
- The partner has a contrary interest in these proceedings?
- Partner's own LAA Reference*: _____

➤**Useful tips:** Please refer to our definition of Partner. The Partner's details must be given on CCMS even if their finances are not to be jointly assessed with the client's due to a contrary interest. Once you confirm this on CCMS it will not ask you for any partner financial details.

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Passporting Details

Passported

If your client and/or their partner are in receipt of a passported benefit please check the following is known. Please also check that you hold evidence to support this should the DWP check fail:

- Name of Benefit*:
 - o Income Support / Income Based JSA / Income-Related ESA / Guarantee State Pension Credit
- Date awarded*: _____
- Claimant*: Client / Partner
- Claimant NINO*: _____

Acceptable Evidence

For all passporting benefits:

- A Letter confirming current receipt of passporting benefit. The letter must
 - o Be from The Jobcentre Plus, The Pensions Service or The Department for Work & Pension
 - o If from The Jobcentre Plus, hold a true stamp of The Jobcentre Plus.
 - o Be dated within the last 14 days.
 - o Show the claimant's name.
 - o Show the claimant's National Insurance Number.
 - o Confirm the benefit received (i.e., Income Based Job Seekers Allowance).
 - o Show any dependent rate (if applicable).

For Income Support Only:

- Bank statements for the last month showing credit entries of Income Support. Entries are normally denoted as 'DWP-IS'. These must be copies taken and certified by your office.

➤ **Useful tips:** Evidence is not required to be sent to support an initial Emergency application; however the letter should be dated within 14 days of the Emergency submission. It is important it shows the dependent rate if the client is dependent on a partner's claim. If the DWP check does fail and you do not hold acceptable evidence then you will be required to complete the full interview. It is hence suggested you ensure all details are known for Income and Outgoings as well as Capital.

➤ **Useful tips:** If the client is in Prison and has a partner, and their partner is in receipt of a passported benefit it will be unlikely your client is dependent on their claim. Hence please give all client and partner Income and Outgoings as well as Capital.

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Prisoner Guidance

Whilst it is noted that the CIVMEANS1P will be required to be completed and sent as evidence on the Substantive application, please check that your client is aware of the following:

Partner

You must declare a partner, and give the partner details, if:

You had a partner before entering prison and you either:

a) are still in a relationship with this person.

or

b) you intend to resume the relationship when you are released from prison.

Main Dwelling

Please ensure you declare having a financial interest in their main dwelling when:

a) You have a partner who still resides in a property in which either of you has a financial interest.

This includes if you have transferred your interest to your partner.

or

b) You do not have a partner but had a financial interest in a property that was your main residence before entering prison AND the purpose of this application is to defend possession proceedings of this property. For all other proceedings any such property must be declared as an additional property. (See Additional Property below.)

Additional Property

Please ensure you declare having a financial interest in other property if:

a) You have a partner and

(i) Your partner has a financial interest in property or properties that is not their main dwelling. This includes if you have transferred your interest to your partner.

and/or

(ii) You had a financial interest in property or properties before going to prison and you continue to have a financial interest in the property or properties.

or

b) You do not have a partner and had a financial interest in property or properties before going to prison and continues to have a financial interest in the property or properties. This includes any property you resided in before going to prison where this application is not to defend possession proceedings in relation to the property. (See Main Dwelling above.)

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Bank Accounts

Please ensure you declare all bank accounts and as a minimum declare your Prisoner Income and Expenditure (PIES). Details of any other accounts must be given if:

a) You have a partner and

(i) Your partner hold accounts either solely or jointly with another
and/or

(ii) You had accounts before entering prison, either solely or jointly with another and these accounts remain open.

or

b) You do not have a partner and had accounts before entering prison, either solely or jointly with another and these accounts remain open.

Other Income

If you are receiving monies from anyone outside of prison please ensure the details are declared.

Purchases and Payments

If you held property or bank accounts before going to prison but do not at this time, please ensure full details are given to your solicitor to enter into the application.

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Capital

Main Dwelling

If your client and/or their partner **own or have a financial interest** in the property they live please check the following is known:

- Type of property*: _____
- Number of bedrooms*: _____
- Property is subject to:
 - o SMOD (Subject Matter of Dispute) / SMOD Other / Bankruptcy / Foreign Exchange Controls / Restraint (Freezing) Order

Own

If your client and/or their partner **own** the property please check the following is known:

- Current market value*: _____
- Amount of mortgage outstanding*: _____
- Part owned as a result of a shared ownership scheme with a landlord or Housing Association?*

YES: % share of the equity owned by the landlord or Housing Association?*

- Part owned with any other third party?*

YES: % share of the equity owned by the third party*:

Name of the third party*:

Person's relationship to the client*:

Ex-Partner, Family, Friend, Other

Repeat information for all third party owners

- % Share for client*: _____
- % Share for partner*: _____
- Property been or subject to possession proceedings?*

YES: Has the property been repossessed?*

YES: What is the date of the possession order*

What is the date the client is due to be evicted*

- Does the client/partner have a deferred interest in the property?*

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IF YES: Does the court order deferring the client/partner interest in the main dwelling, allow the interest to be realised within the next calendar month?*

Financial Interest

If your client and/or their partner have a **financial interest via a charge** on the property please check the following is known:

- Value of the charge*: _____
- Who holds the financial interest*: Client / Partner / Both

Additional Property

If your client and/or their partner **own or have a financial interest** in other property to which they live please check the following is known. Required for all properties:

- Property address*: _____
- Type of property*: _____
- Number of bedrooms*: _____
- How the property is used*:
 - o Rented, Lived in part time, Vacant Occupation, Ex-Partner still resides
- Property is subject to:
 - o SMOD / SMOD Other / Bankruptcy / Foreign Exchange Controls / Restraint (Freezing) Order

Own

If your client and/or their partner **own** the property please check the following is known:

- Current market value*: _____
- Amount of mortgage outstanding*: _____
- Part owned as a result of a shared ownership scheme with a landlord or housing association?*

YES: % share of the equity owned by the landlord or housing association?*

- _____
- Part owned with any other Third Party?*

YES: % share of the equity owned by the third party*:

Name of the third party*:

Relationship to the client*:

Ex-Partner, Family, Friend, Other

Repeat information for all third party owners

- % Share for client*: _____

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- % Share for partner*: _____
- Property been or subject to possession proceedings?*
- YES: Has the property been repossessed?*
- YES: What is the date of the possession order*:

- What is the date the client is due to be evicted*:

- Does the client/partner have a deferred interest in the property?*
- IF YES: Does the court order deferring the client/partner interest in the property, allow the interest to be realised within the next calendar month?*

Financial Interest

If your client and/or their partner have a **financial interest via a charge** on the property please check the following is known:

- Value of the charge*: _____
- Who holds the financial interest*: Client / Partner / Both

Land

If your client and/or their partner **own or have a financial interest** in Land please check the following is known. Required for all parcels of Land:

- Land address*: _____
- Land is subject to:
 - o SMOD / SMOD Other / Bankruptcy / Foreign Exchange Controls / Restraint (Freezing) Order

Own

If your client and/or their partner **own** the Land please check the following is known:

- Leased out to another*:
- Current market value, either by surveyor and/or estate agent*:

- Part owned with any other third party?*
- YES: % share of the equity owned by the third party*:

Name of the third party*:

Relationship to the client*:

Ex-Partner, Family, Friend, Other

Repeat information for all third party owners

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- Amount of loan outstanding*: _____
- % Share for client*: _____
- % Share for partner*: _____

Financial Interest

If your client and/or their partner have a **financial interest via a charge** on the Land please check the following is known:

- Value of the charge*: _____
- Who holds the financial interest*: Client / Partner / Both

Timeshare

If your client and/or their partner **own or have a financial interest** in Timeshare please check the following is known. Required for all Timeshare:

- Timeshare address*: _____
- Timeshare is subject to:
 - o SMOD / SMOD Other / Bankruptcy / Foreign Exchange Controls / Restraint (Freezing) Order

Own

If your client and/or their partner **own** the Timeshare please check the following is known:

- Current sale value*: _____
- Current sale admin charges*: _____
- Current loan due*: _____
- % Share for client* _____
- % Share for partner* _____

Financial Interest

If your client and/or their partner have a **financial interest via a charge** on the Timeshare please check the following is known:

- Value of the charge*: _____
- Who holds the financial interest*: Client / Partner / Both

Accounts

If your client and/or their partner hold, or a signatory to bank accounts please check the following is known. Required for all Accounts:

- Name of financial institution*: _____
- Account number*: _____
- Current balance* _____

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- Account type*:
 - o Bank Current, Bank Savings, Building Society, National Savings, Post Office, ISA, Other

If the account is National Savings (NSA) please check the following is known:

 - Type of NSA is it*:
 - Income Bond, Investment Account, Ordinary Account
- Account holders*:
 - o Client Sole, Partner sole, Joint Client and Partner, Joint Client and Other, Joint Partner and Other

If any account is held with another person please check the following is known:

 - Name of the 'Other' joint holder* _____
 - Relationship?*
 - Ex-Partner, Family, Friend, Other
- Account is subject to:
 - o SMOD / SMOD Other / Bankruptcy / Foreign Exchange Controls / Restraint (Freezing) Order
- If account is frozen, restraint order allows access?*

Held

- What is paid in*
 - o Client Wages, Partner Wages, Client Benefits (exc Tax Credits), Partner Benefits (exc Tax Credits), Client Tax Credits, Partner Tax Credits

Signatory

- Name of person*: _____
- Relationship of person*: _____
- Signatory*: Client, Partner
- What is paid in*:
 - o Person's Wages, Person's Benefits (exc Tax Credits), Person's Tax Credits

Investments

If your client and/or their partner hold any investments by way of National Savings certificates, Premium Bonds, Capital Bonds and/or Government Stocks, please check the following is known.

Required for all instances:

- The issue number*: _____
- The current value*: _____

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Shares in Plc's

If your client and/or their partner hold any shares in public limited companies, please check the following is known. Required for all instances:

- Company Held in*: _____
- Shares are subject to:
 - o SMOD / SMOD Other / Bankruptcy / Foreign Exchange Controls / Restraint (Freezing) Order

If obtained by Stock Exchange

- The number held*: _____
- The value*: _____

If obtained by Share Save Scheme

- (i) If shares have been allocated:
 - The number held*: _____
 - The value*: _____
- (ii) If shares have not been allocated
 - The value of the capital held*: _____

If obtained by Share Option Scheme

- (i) If shares have not been exercised:
 - The date the options were granted*: _____
 - What was the exercise price*: _____
 - The value*: _____
- (ii) If shares have been exercised:
 - The number held*: _____
 - The value that have been exercised*: _____

Also include details of any that have not been exercised

If obtained by Profit Share Scheme

Information only needed if the shares held have been held for 3 years or more AND the shares can be realised within the next calendar month:

- The number held*: _____
- The value*: _____

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Other Savings

If your client and/or their partner hold any other savings by way of Pep, Unit Trusts, Fixed Term Investments or other, please check the following is known. Required for all instances:

- Name of financial institution*: _____
- Certificate / issue number*: _____
- Account holders*:
 - o Client Sole, Partner sole, Joint Client and Partner, Joint Client and Other, Joint Partner and Other

If any account is held with another person please check the following is known:

- Name of the 'Other' joint holder*: _____
- Relationship?*:
 - Ex-Partner, Family, Friend, Other

Fixed Term Investments

- Can the fixed term investment be withdrawn before the end of the term?*
- | | |
|-----|---|
| YES | The value*: _____ |
| NO | Can the interest in the fixed term investment be sold?* |
| YES | Value of the interest*: _____ |

Policies

If your client and/or their partner hold any Life policies (that do not pay out on death), please check the following is known. Required for all instances:

- Name of financial institution*: _____
- Certificate / issue number *: _____
- Current value*: _____ Surrender / Loan
- Policy holders*:
 - o Client Sole, Partner sole, Joint Client and Partner, Joint Client and Other, Joint Partner and Other

If any account is held with another person please check the following is known:

- Name of the 'Other' joint holder*: _____
- Relationship?*:
 - Ex-Partner, Family, Friend, Other

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Motor Vehicles

If your client and/or their partner own any cars, or other motor vehicles, please check the following is known. Required for all instances:

- Make*: _____
- Model*: _____
- Registration number*: _____
- Purchase price*: _____
- Date purchased*: _____
- Loan outstanding*: _____
- Current market value*: _____
- Regular Use?*

A car that is used periodically i.e., on average used at least once a fortnight or thereabouts, for work and/or other routine trips (e.g. shopping, visits to family and friends).

➤**Useful tips:** If the vehicle is subject to a loan we will need confirmation that the loan company would agree to sale of the vehicle and allow the registered keeper to keep the sale proceeds. Under most finance agreements the vehicle is the registered keeper's property, however sometimes it remains the property of the finance provider, so please check.

Valuable Possessions

If your client and/or their partner own any possessions worth over £500, please check the following is known. Required for all instances:

- What it is*: _____
- Current market value*: _____

Monies Due

If your client and/or their partner own are owed repayment of monies, including as a result of a private mortgage, please check the following is known. Required for all instances:

- Name of the person, body or organisation owing the money*: _____
- Value of the money loaned*: _____
- Persons relationship?*: Ex-Partner, Family, Friend, Other
- Is there a formal agreement for payment of the money owed?*
- How much can be repaid within the next calendar month*:
_____ FULL / PART

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Private Mortgage

- Has the client or partner previously borrowed money on the basis of their interest in the mortgage?*

Trust Funds

If your client and/or their partner are beneficiary to a Trust Fund, please check the following is known.

Required for all instances:

- Type of Trust*:
 - o Life Interest, death of another person, Interest realised upon a specific event occurring, Discretionary Trust
- What is the value of the interest in the Trust*:

- Are the Trustees willing to fund all or part of the costs of this litigation?*

Inheritance & Wills

If your client and/or their partner own, are beneficiary or due to inherit from an estate please check the following is known. Required for all instances:

- Is the estate likely to be distributed within the next calendar month?*
- What is the client or partner due to receive?
 - o Money / Property / Timeshare / Land / Investments / Shares / Valuable Possessions / Cars / Other Capital
- Are all of the assets to be held on trust?*
- Net value due*: _____

Payments & Purchases

If your client and/or their partner have transferred, sold, or given any money, property, or possessions to anyone else, totalling over £2500 in the last 12 months, please check the following is known.

Transfers

- What was the asset*: _____ Money inc investments, Property, Possession, Other
- When did the gift, transfer or sale take place*:

- Description of the asset*: _____
- Value of the asset*: _____

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Purchases

- What was the nature of the item or service purchased?*
- When was the purchase*:
- Reason for the purchase*:
- Value of the purchase*:

Payments

- Name of the person, body or company to whom the payment was made?*
- When was the payment*:
- Reason for the payment*:
- Value of the payment*:

Bankruptcy

If your client and/or their partner hold assets that are being held by a trustee in bankruptcy please confirm:

- How much is received per calendar month as regular income from the Trustees*:

Freezing Order

If your client and/or their partner hold assets/income that is subject to a freezing order, please confirm:

- How much is received weekly, as regular income*:
- Restraint order made under S.41 of the Proceeds of Crime Act?*
- Was any application to discharge/vary the restraint (freezing) order successful?*

➤**Useful tips:** CCMS will ask you to confirm all assets and income* that is held/ received by the client and/or partner but that is subject to this order. Please ensure the details are known.

*Only required if client is not passported.

SMOD

➤**Useful tips:** CCMS will ask you to confirm against each asset if they are in dispute, should the proceedings be such that 'SMOD' could apply. Please ensure the details are known.

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SMOD Other

➤ **Useful tips:** CCMS will ask you to confirm if your client and/or their partner hold assets that are disputed in other legal proceedings but not these applied for. If this is the case and your client assets are disputed in other proceedings, CCMS will go on to ask you confirm for every asset held to be confirmed. It is advised you identify these assets now.

Foreign Exchange Controls

➤ **Useful tips:** CCMS will ask you to confirm against each asset if they are subject to foreign exchange controls. Please ensure the details are known.

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Income

Employment

Should your client's partner not be in Employment we will also ask regarding their last job details on CCMS, although this is not mandatory. If your client and/or their partner be employed, please check the following is known. This is important for all employments.

- Employer Name*: _____
- Employer's Address*: _____
- Job Title*: _____
- Job start date*: _____
- Hours worked a week*: _____
- Tax code: _____
- Wage evidence Wage slips / L17 / Contract of Employment
- Frequency of payment Weekly, Fortnightly, 4 weekly, Monthly

Non HM Forces

Please check if the client and/or their partner are in receipt of any benefit in kind for this employment. We require the annual taxable value.

HM Forces

Should your client and/or their partner be employed by HM Forces we will also need details of any additional allowances in payment. These should be collected on the L17.

- Local overseas allowance*: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Excess rent allowance*: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- London allowance*: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Overseas Child Benefit*: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly

Absent from Work

If your client and/or their partner are currently absent from work i.e. on long term sick, maternity leave, paternity leave or a sabbatical, please check the following is known:

- Still in receipt of*:
 - o Company Sick Pay / Company Maternity Pay / Paternity Pay / Company Wage*
* I.e., leave is due to a sabbatical
- Date expected to return*: _____

Child Care

If your client and/or their partner pay for Child Care due to being absent from the home to undertake Employment and/or Self Employment, please check the following is known:

- How much paid Monthly *: _____
- Hours Monthly *: _____

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State Benefits

If your client and/or their partner receive any benefits from the state, please check the following is known:

- Child Benefit: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Child Tax Credit: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Working Tax Credit: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Contribution JSA: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Contribution ESA: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Incapacity Benefit: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- State Pension: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Savings Credit: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Disregarded Benefits:
 - o Attendance Allowance / Carers Allowance / Constant Attendance Allowance / Care in the Community Direct Payment / Council Tax Benefit / Personal Independence Payments / Earnings Top-up / Exceptionally Severe Disablement Allowance / Fostering Allowance / Independent Living Allowance / Social fund Payment / Lump sum Payments under Widow's Pension / Disability Living Allowance / War Pension (any)
- Other: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Other: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly

➤ **Useful tips:** In work credit/ return to work credit is not a listed benefit in CCMS, please enter as 'Other'

Maintenance

If your client and/or their partner receive any maintenance for themselves or for any dependent children, please check the following is known:

- Amount*: _____ Monthly
- From*: _____

➤ **Useful tips:** This could be a voluntary arrangement or a court order or payments via the CSA and/or Child Maintenance Service.

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Financial Support

If your client and/or their partner receive any financial support for themselves or for any dependent children, please check the following is known, for all sources of support:

- Year 1 Amount*: _____ Continuing*? Yes / No
- Year 2 Amount: _____
- Year 3 Amount: _____
- Details of type of support*: _____
- Details of who pays/ relationship*: _____

➤**Useful tips:** This might be someone (for example; a person, a company or other body) paying the client's bills, school fees, or someone allowing use of other assets/money. The LAA may seek further information regarding the financial support, including relevant CIVMEANS forms to be completed by the relevant persons. If the support has only begun recently you may want to provide this as a monthly figure in the 'other income' section.

Other Income

If your client and/or their partner receive any of the following income, please check the following is known for all sources of income.

- Private Pension: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Employer Pension: Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Rental (Other Property): Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Rental (Board): Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Student Grant/Loan/Bursary:
Amount _____ Annual award net of tuition fees
- Savings (Interest): Amount _____ Annual
- Dividends (Shares in PLCs) Amount _____ Annual
- Other Amount _____ Monthly

➤**Useful tips:** Should your client and/or their partner receive private pension from more than one source, pension from more than one employer or income from more than one another property, CCMS will ask separate entries. Should your client and/or their partner declare any rental income to HMRC they are self employed.

Redundancy

If your client and/or their partner have received a redundancy payment in the last calendar month, please check the following is known:

- Amount*: _____

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Outgoings

Other People

If your client and/or their partner have any persons (including children, family members or flat-mates) residing with them, please check the following is known. This is important for all resident persons:

- Full Name*: _____
- Date of Birth*: _____

Child for which fostering allowance is received

- No further Details

Child aged 15 and under

- In full time education?*
- Do they get any income, in own name?*
- o Amount _____ Weekly, Fortnightly, 4 weekly, Monthly

Child aged 16 and over

- In full time education?*
- Do they get any income, in own name?*
- o Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Do they work full time?*
- Do they have more than £8000 capital?*
- Are they entitled to claim Benefits in their own name?*

Dependent Adult

- Do they work full time?*
- Do they get any income, in own name?*
- o Amount _____ Weekly, Fortnightly, 4 weekly, Monthly
- Do they have more than £8000 capital?*
- Are they entitled to claim Benefits in their own name?*

Non Dependent

- No further Details

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Maintenance Paid

If your client and/or their partner pay any maintenance for themselves or for any dependent children, please check the following is known:

- Amount*: _____ Weekly, Fortnightly, 4 weekly, Monthly
- From*: _____

➤ **Useful tips:** This could be a voluntary arrangement or a court order or payments via the CSA and/or Child Maintenance Service.

Housing Costs

- Please check it is known what the client and/or partner is due to pay:
 - o Mortgage / Mortgage and Rent/Tenancy Agreement / Rent/ Tenancy Agreement / Board and Lodgings / None

If the client and/or partner are due to pay something for their main dwelling, please check the following is known:

- Mortgage and/or Rent - Amount due*: _____ Weekly, Fortnightly, 4 weekly, Monthly
- Mortgage - amount for secured loan*: _____ Monthly
- Mortgage and/or Rent - Third party payments*:
_____ Weekly, Fortnightly, 4 weekly, Monthly
- Rent - Housing Benefit*: _____ Weekly, Fortnightly, 4 weekly, Monthly
- Mortgage and/or Rent - Amount Paid by Client/Partner*:
_____ Weekly, Fortnightly, 4 weekly, Monthly
- B&L - Amount*: _____ Weekly
- B&L - Amount for food*: _____ Weekly

➤ **Useful tips:** Mortgage: Details should be given Monthly. Board & Lodgings, we will also need to know if there is a formal arrangement. Please also obtain name and relationship of any third party, and if they live in the property.

Criminal Legal Aid

If your client and/or their partner pay any maintenance for themselves or for any dependent children, please check the following is known:

- Amount*: _____ Monthly
- Date first paid*: _____

Means Checklist for CCMS:

To be used when clients are unable to attend the office.

* Denotes a mandatory field on CCMS

Self Employment (not CIS) & Business Partnerships

General Information

If your client and/or their partner are Self Employed (not CIS) and/or involved in a Business Partnership, please check the following is known. Required for all instances.

- Trading Name of Business*: _____
- Nature of Trade*: _____
- Date commenced trading*: _____
- Operating Business Address*: _____
 - o How owned Leasehold / Freehold
 - o Current market value of Property / Lease*: _____
 - o Current value of charges against the property*: _____
- Cash/Capital (amount) introduced in last 12 months*: _____
- Value of Drawings*: _____ Monthly
- Other Property
 - o Addresses*: _____
 - o Property is un-utilised?
 - o How owned*: Leasehold / Freehold
 - o Current market value of Property / Lease*: _____
 - o Current value of charges against the property*: _____

Business Partnerships

- Client/Partner % share of Profit*: _____
- Client/Partner % share of Capital*: _____
- Name of other Business Partner(s)*: _____

➤ **Useful tips:** CCMS will ask if there are any upcoming changes that the LAA need to be made aware of.

Last Tax Return

If the client has submitted a recent tax return for the business, please check the following is known:

- Date of submission*: _____
- Name of Tax Office*: _____
- Net profit for tax. (If loss enter £0)*: _____
- Year ending*: _____

➤ **Useful tips:** If this submission was more than 18 months ago CCMS will still ask for details of recent accounts or schedule.

Means Checklist for CCMS:

To be used when clients are unable to attend the office.

*** Denotes a mandatory field on CCMS**

Accounts

If the client holds a recent set of recent profit and loss accounts, please check the following is known:

- Turnover*: _____
- Business Expenses (excluding Tax/NI)*: _____
- Net profit for tax. (If loss enter £0)*: _____
- Capital Allowances claimed*: _____
- Add backs for personal use*: _____

➤ **Useful tips:** If add-backs for personal use have already been accounted for in the calculation of the net profit on the accounts please say this is £0. The LAA will review this further if required. If no accounts are held CCMS will ask for details of a schedule.

Schedule

If no tax return has been submitted or the last tax return was submitted more than 18 months ago and no accounts are held, then please check the following is known:

- Turnover*: _____
- Business Expenses (excluding Tax/NI)*: _____
- Net profit for tax. (If loss enter £0)*: _____
- Number of weeks this represents if not 52*: _____

➤ **Useful tips:** the schedule can be obtained by cash books and/or running ledgers for the business. Please ask your client or the client's partner to transpose these details onto a L31 form.

Employees

- Number of persons employed*: _____

➤ **Useful tips:** CCMS will ask for details of any employees that are family members, including their annual salary, name and relationship.

Means Checklist for CCMS:

To be used when clients are unable to attend the office.

*** Denotes a mandatory field on CCMS**

Balance Sheet

From the accounts, or the recent schedule please check the following is known:

- Fixed Assets- Total *: _____
- Current Assets- Stock*: _____
- Current Assets- Debtors & Prepayments*: _____

- Current Assets- Total Other*: _____
- Liabilities- Total*: _____
- Are any of the assets held NOT used for the generation of profit?
YES
 - o Total Market Value*: _____
 - o Total Liability owed*: _____

Bank Accounts

Bank Account schedule is only asked for on CCMS if the client is passported. If the client or partner holds bank accounts for this business, or bank accounts were held in the last 6 months but since been closed, please check the following is known. Required for all relevant accounts:

- Institution Name*: _____
- Account Number*: _____
- The lowest balance, including if overdrawn, in the last 12 months*: _____

- The agreed overdraft limit*: _____
- Security held against the account*: Property / Insurance / Policies / Shares / Other

➤**Useful tips:** If the bank holds Property as security CCMS will ask for address details by way of first line and post code. For any shares that are held as security CCMS will ask for the company name the shares are held in.

Means Checklist for CCMS:

To be used when clients are unable to attend the office.

* Denotes a mandatory field on CCMS

Self Employment - CIS

General Information

If your client and/or their partner are Self Employed by way of the Construction Industry Scheme (CIS), then please check the following is known. Required for all instances.

- Nature of Trade*: _____
- Date commenced trading*: _____

➤ **Useful tips:** CCMs will ask if there are any upcoming changes that the LAA need to be made aware of.

Income and Deduction Information

(i) If a tax return was submitted less than 18 months ago, please check the following is known:

- Date of submission*: _____
- Name of Tax Office*: _____
- Net profit for tax. (If loss enter £0)*: _____
- CIS deductions*: _____
- Date next submission due*: _____

(ii) If a tax return was submitted more than 18 months ago, please check the following is known:

- Date of submission*: _____
- Name of Tax Office*: _____
- Total payments invoiced for the last 12 months*: _____
- Total CIS deductions for the last 12 months*: _____
- Date next submission due*: _____

(iii) If no tax return has been submitted, then please check the following is known:

- Total payments invoiced*: _____
- Total CIS deductions*: _____
- Number of months this represents if not 12*: _____

Means Checklist for CCMS:

To be used when clients are unable to attend the office.

*** Denotes a mandatory field on CCMS**

Balance Sheet

From the accounts, or the recent schedule please check the following is known:

- Fixed Assets- Total *: _____
- Current Assets- Stock*: _____
- Current Assets- Debtors & Prepayments*: _____

- Current Assets- Total Other*: _____
- Liabilities- Total*: _____
- Are any of the assets held NOT used for the generation of profit?
YES:
 - o Total Market Value*: _____
 - o Total Liability owed*: _____