

FORM FOR LEGAL AID APPLICATION IN ANOTHER MEMBER STATE OF THE EUROPEAN UNION

INSTRUCTIONS

1. Before filling in the application form, please read carefully these instructions.
2. All information requested in this form must be provided.
3. Any imprecise, inaccurate or incomplete information may delay the processing of your application.
4. Including false or incomplete information in this application may result in negative consequences in law, e.g. this application for legal aid may be rejected or you may face criminal charges.
5. Please attach all supporting documentation.
6. Please note that this application does not affect the time limits to be observed for commencing judicial proceedings or lodging an appeal.
7. Please date and sign and send the completed form to the competent authority as follows:

7.a. You may choose to send your application to the **competent transmitting authority of the Member State in which you reside**. It will then transmit it to the competent authority of the relevant Member State. If you decide to proceed in this way, please indicate:

Name of the competent authority in your Member State of residence:

Address:

Telephone/Fax/E-mail:

7.b. You may choose to send this application directly to the **competent authority of another Member State**, if you know which authority is competent. If you decide to proceed in this way, please indicate:

Name of the authority:

Address:

Telephone/Fax/E-mail:

Are you able to understand the official language or one of the official languages of this country?

☐ Yes

☐ No

Otherwise, in what languages is it possible to communicate with you for legal aid purposes?

A. Details of the person applying for legal aid

A.1. Gender: ☐ Male ☐ Female

Name and forename (or if applicable business name):

Date and place of birth:

Nationality:

Identity document number:

Address:

Telephone:

Fax:

E-mail:

A.2. If applicable, details of the person representing the applicant if the applicant is a minor or under incapacity:

Name and forename:

Address:

Telephone:

Fax:

E-mail:

A.3. If applicable, details of the applicant's legal representative (solicitor, agent, etc.):

☐ in the Member State of residence of the applicant:

Name and forename:

Address:

Telephone:

Fax:

E-mail:

☐ in the Member State where the legal aid is to be granted:

Name and forename:

Address:

Telephone:

Fax:

E-mail:

B. Information concerning the dispute for which legal aid is requested

Please attach copies of any supporting documentation.

B.1. Nature of the dispute (e.g. divorce, child custody, employment, business, consumer):

B.2. Value of the dispute if the subject of the dispute can be expressed in money. Please specify the currency:

B.3. Description of the circumstances of the dispute, incl. the location and date of the facts of the case, and any evidence (e.g. witnesses):

C. Details of the procedure

Please attach copies of any supporting documentation.

C.1. Are you the plaintiff or defendant?

Describe your claim or the claim against you:

Name and contact details of the opponent:

C.2. Special reasons, if any, for requesting urgent action on this application, e.g. time limits to be observed for commencing proceedings:

C.3. Are you applying for the full amount or for part of legal aid?

If you are only applying for partial legal aid, please specify what it should cover:

C.4. Please specify whether legal aid is required for obtaining:

- ☐ pre-litigation advice
- ☐ assistance (advice and/or representation) within the framework of extrajudicial procedures
- ☐ assistance (advice and/or representation) within the framework of envisaged legal proceedings
- ☐ assistance (advice and/or representation) within the framework of on-going legal proceedings. If so:

- Registration number:

- Dates of hearings:

- Name of the court:

- Address of the court:

☐ advice and/or representation within the framework of legal proceedings relating to a decision which has already been taken by a judicial authority. If so:

- Name and address of the judicial authority:

- Date of the decision:

- Nature of the case:

- ☐ Appeal against the decision
- ☐ Enforcement of the decision

C.5. Please specify what additional costs you foresee because of the cross-border nature of the case (e.g. translations or travel):

C.6. Do you have any form of insurance or other rights and facilities which may cover legal expenses in full or in part? If so, please give details:

D.Family situation

How many people live in your household?

Please, specify their relationship to you (the applicant):

| Name and forename | Relationship to the applicant | Date of birth (if children) | Is this person financially dependent on the applicant? | Is the applicant financially dependent on this person? |
|-------------------|-------------------------------|-----------------------------|--|--|
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Is there any person who is financially dependent on you who does not live in your household? If yes, specify:

| Name and forename | Relationship to the applicant | Date of birth (if children) |
|-------------------|-------------------------------|-----------------------------|
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Is there any person on whom you are financially dependent who does not live in your household? If yes, specify:

| Name and forename | Relationship to the applicant |
|-------------------|-------------------------------|
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E. Financial information:

Please provide all information about yourself (I), your spouse or partner (II), any person who is financially dependent on you and resides with you (III) or any person you are financially dependent on and with whom you reside (IV).

If you receive other financial contributions than maintenance from a person on whom you financially depend and with whom you do not reside, specify such benefits under 'other income' in E.1.

If you provide other financial contributions than maintenance to a person financially dependant on you who does not reside with you, specify such benefits under 'other expense' in E.3.

Documentary evidence shall be produced: e.g. income tax return, certificate of entitlement to state benefits etc.

By providing the information in the tables below, please specify the currency in which the amounts are expressed.

| E.1. Average Monthly Income details | I. Applicant | II. Spouse or partner | III. Dependent Persons | IV. Persons supporting the applicant |
|-------------------------------------|--------------|-----------------------|------------------------|--------------------------------------|
| - Earned: | | | | |
| - Profit from business: | | | | |

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| - Pensions: | | | | |
| - Maintenance support: | | | | |
| - State benefits: | | | | |
| Please identify: | | | | |
| 1. Family and housing allowances: | | | | |
| 2. Unemployment and social security benefits: | | | | |
| - Income from capital (moveable assets, real estate): | | | | |
| - Other income: | | | | |
| TOTAL: | | | | |

| E.2. Property value | I. Applicant | II. Spouse or partner | III. Dependent Persons | IV. Persons supporting the applicant |
|--|--------------|-----------------------|------------------------|--------------------------------------|
| - Real estate used as permanent residence: | | | | |
| - Other real estate: | | | | |
| - Land: | | | | |
| - Savings: | | | | |
| - Shares: | | | | |
| - Motor vehicles: | | | | |
| - Other assets: | | | | |
| TOTAL: | | | | |

| E.3. Monthly Expenditure | I. Applicant | II. Spouse or partner | III. Dependent Persons | IV. Persons supporting the applicant |
|----------------------------------|--------------|-----------------------|------------------------|--------------------------------------|
| - Income tax: | | | | |
| - Social security contributions: | | | | |
| - Local government taxes: | | | | |
| - Mortgage payments: | | | | |
| - Rent and housing costs: | | | | |
| - School fees: | | | | |
| - Childcare costs: | | | | |
| - Payment of debts: | | | | |

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| - Repayment of loans: | | | | |
| - Maintenance paid to another under a legal obligation: | | | | |
| - Other expense: | | | | |
| TOTAL: | | | | |

I declare that the information provided is true and complete and I undertake to declare without delay to the authority processing the application any changes in my financial situation.

Date (place and time):

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