

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:

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Address:

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Telephone/Fax/E-mail:

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- 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:

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Address:

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Telephone/Fax/E-mail:

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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?

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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:

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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):

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

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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):

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C. Details of the procedure

Please attach copies of any supporting documentation.

C.1. Are you the plaintiff or defendant?

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Describe your claim or the claim against you:

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Name and contact details of the opponent:

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

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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:

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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:
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 - Address of the court:
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- 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:
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 - Date of the decision:
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 - 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):

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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:

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