

**APPLICATION FORM**

**FOR SECONDARY LEGAL AID**

*Reserved for the institution/organisation receiving the request / not to be filled in by the applicant*

Court: ..............................................................................

Reference: ............................................................................

Protocol number: ................................................................

City: ..................................................................................

On: ...............................................................................

**SECTION 1: DATA OF THE APPLICANT:**

1. **Name - Father’s Name - Surname:** ....................................................................................................................................................
2. **Date of birth:** ............................................................ **Place of birth:** ..............................................................................
3. **Civil status** *(married - widower - single - divorced):* ...........................................................................................................................
4. **Citizenship:** ..........................................................................................................................................................................
5. **Residence in Albania** *(residence permit - temporary)***:** .......................................................................................................................

🛈 *If not an Albanian citizen.*

1. **Place of residence** (*Address*)**:** ...............................................................................................................................................................

*(Postal code/City/Country):* ...................................................................................................................................................................

1. **Correspondence address:** *(if different from above):* ...........................................................................................................................

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1. **Contacts:**

* **Telephone:** .................................................................................
* **Email:** ....................................................................................

**DATA OF THE APPLICANT’S REPRESENTATIVE** *(if the application is not carried out personally)***:**

1. **Name - Father’s Name - Surname:** ...................................................................................................................................................
2. **Correspondence address:** *(if different from above):*...........................................................................................................................
3. **Contacts:**

* **Telephone:** .................................................................................
* **Email:** ........................................................................................

**SECTION 2: CAPACITY OF THE BENEFICIARY OF SECONDARY LEGAL AID**

**2.1.** Do you belong to one of the special categories of legal aid beneficiaries?

Yes No

If yes, state the category: ...........................................................................................................

paperclip.png(*fill in and attach the Self-declaration Form for Special Categories*).

**2.2.** Are you a beneficiary due to insufficient income and assets?

Yes No

If yes, state your income and assets:

paperclip.png(*fill in and attach the Self-declaration Form on Income and Assets*).

**2.2.1** For applicants living alone:

* + My income is under the amount of the monthly minimal salary, as determined by law.
  + My assets are worth less than 36 monthly minimal salaries, as determined by law.

**2.2.2** For applicants who are part of a family:

* + The family’s income is lower than 50% of the monthly minimal salary, as determined by law.
  + The family’s assets are worth less than 36 monthly minimal salaries, as determined by law.

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**SECTION 3: WHY AM I APPLYING FOR SECONDARY LEGAL AID?**

This request for legal assistance is submitted:

***3.1. BEFORE THE INITIATION OF A COURT PROCESS***

***3.1.1.*** At this stage, you need Secondary Legal Aid for:

1. Advice pertaining to the judicial resolution of the problem?
2. Compiling and submitting a request, a lawsuit / defence statement against the claimant?

***3.1.2*** Type of the case for which you request Secondary Legal Aid:

**Civil Criminal Administrative**

***3.1.3*** Please provide some data about the case for which you request legal services:

*Focus especially in:*

* *What happened?*
* *Who are the parties/persons in conflict with you?*
* *Additional information relevant to the case?*

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***3.2. TOGETHER WITH THE LAWSUIT***

***3.2.1.*** At this stage, you need Secondary Legal Aid for:

1. Advice pertaining to the judicial resolution of the problem?
2. Compiling the defence acts and evidence documentation for the court?
3. Representation during judicial examination?

***3.2.2*** Type of the case for which you request Secondary Legal Aid:

**Civil Criminal Administrative Family**

***3.2.3*** Have you hired a lawyer to provide legal services pertaining to the case?

Yes No

***3.2.4*** Please provide data on the grounds of your request:

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***3.3.******DURING JUDICIAL EXAMINATION*** *(before the conclusion of judicial investigation)*

***3.3.1*** Type of the case for which you request Secondary Legal Aid:

**Civil Criminal Administrative Family**

***3.3.2*** In this process, you are the:

* + Claimant
  + Respondent
  + Third party
  + I don't know

***3.3.3.*** At this stage, you need Secondary Legal Aid for:

1. Advice pertaining to the judicial examination process?
2. Compiling the defence acts and evidence documentation for the court?
3. Representation during judicial examination?

***3.3.4*** Have you hired a lawyer to provide legal services pertaining to the case?

Yes No

***3.3.5*** Please provide data on the grounds of your request:

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**SECTION 4: DECLARATIONS**

🛈  *Please read carefully before signing!*

1. **I declare that the information I provided herewith is true and accurate. I am aware that the following represent a violation in the context of Article 32 of Law No.111/2017 and of the criminal legislation of the Republic of Albania:**
   * **Providing inaccurate/false information/declarations;**
   * **Submitting fake documents;**
2. **I declare and accept that, in the event inaccuracy/falsity of information and/or documents is discovered, appropriate accountability measures can be taken against myself in relation to any costs caused as a result of undue benefit of legal aid, stemming from proven inaccuracy/falsity. In concrete terms, I accept that in the event of inaccuracy and/or falsity of information or documents, I will be obliged to reimburse the expenditures for the lawyer who provided the legal aid as well as any other expenditure or costs resulting from the undue benefit of free legal aid.**
3. **I declare and accept that the data I submitted may be verified on the grounds of their accuracy, truthfulness, and effectiveness pertaining to my application and that this declaration may serve as authorisation for the centre/clinic to undertake any action aimed at verifying the data contained in this form.**
4. **I declare and accept to provide in the future any additional information pertaining to changes of my status as a beneficiary of free legal aid.**

**SECTION 5: AUXILIARY DOCUMENTS**

This application is accompanied by the following documents:

**A.** **Identification Documents of the Applicant**;

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**B.** **Authorisation document for the Applicant's representative;**

**C. The Self-declaration Form for Special Categories** *(accompanied by the documents attached)***; and/or**

**Self-declaration Form on Income and Assets** *(accompanied by the documents attached)***;**

**D. Other documents:**

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Signature of the Applicant Signature of the clinic/centre employee:

Mr/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name-surname-signature) (name-surname-signature)*

In \_\_\_\_\_\_\_\_\_\_\_\_ On: \_\_ \_\_**.**\_\_ \_\_**.** 20\_\_ \_\_

*(city)*

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🛈 **The information above will be processed in compliance with Law No.9887, dated 10.03.2008 “On Personal Data Protection” and used in accordance with Law No. 119/2014 “On the Right to Information”.**