

**APPLICATION FORM**

**FOR PRIMARY LEGAL AID**

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

Centre with: .......................................................................

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:** ....................................................................................

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**SECTION 2: CAPACITY OF THE BENEFICIARY OF PRIMARY 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 FREE LEGAL AID?**

**3.1.** Type of the case for which you request Primary Legal Aid:

**Civil Criminal Administrative**

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Please provide some data about the case for which you request legal services, for example:

* pertaining to Family Law: I request advice on divorce procedures, an agreement on child custody, etc.

**3.2.** Please provide some data about the case for which you request Primary Legal Aid:

*Focus especially in:*

* *What do you need legal aid for?*
* *What happened?*
* *Additional information relevant to the case?*

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* If the space above does not suffice, please continue in the last page of this form.

**3.3.**Have you addressed any request to any state institution about the case?

Yes No

If YES, please specify:

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

*........................................................................................................................................................................................................................*

**3.4.** Have you already addressed any not-for-profit organisation that provides free legal services about the case?

Yes No

**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 of the effective legislation in 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.**
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. 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)***;**

**C. 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”.**