

**APPLICATION FORM**

**ON THE EXEMPTION FROM**

**COURT FEES AND EXPENSES**

*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):*............................................................................................................................

................................................................................................................................................................................................................

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 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: ...........................................................................................................

(*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

**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.

State your income and assets:

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

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**SECTION 3: WHY AM I APPLYING FOR LEGAL AID IN THE CONTEXT OF THIS FORM?**

 **3.1.**This request for legal assistance is submitted:



a) along with the request for secondary legal aid

* 

b) along with the lawsuit



c) during the judicial examination of the case

 (before the conclusion of judicial investigation)

**3.2.** I request:



a) exemption from all court fees and expenses

* 

b) exemption from one or several fees and/or court expenses

*(Specify below the fee/s and/or expense/s you request exemption for)*

* 
	+ Exemption from the general court fee
* 
	+ Exemption from the special court fee
* 
	+ Exemption from the additional court fee
	+ Exemption from court expenses pertaining to:
* 
* Expenses for witnesses
* 
* Expenses for the bailiff
* 
* Expenses for experts
* 
* Expenses for translators
* 
* Expenses for items/site examinations
	+ Exemption from the prepayment of the application of the execution order
* 

**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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................................................................................;

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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”.**