

**SELF-DECLARATION FORM**

**FOR SPECIAL CATEGORIES OF BENEFICIARIES**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: SELF-DECLARATION OF SPECIAL CATEGORIES OF BENEFICIARIES**

Do you belong to one of the special categories of legal aid beneficiaries? If yes, please select the category you belong to.

*Special categories:*

a) Victim of domestic violence

 Yes No

b) Victim of sexual abuse and/or trafficking in human beings

 Yes No

c) Victim who is a minor or is in conflict with the law

 Yes No

ç) Child living in social care institutions

 Yes No

d) Child under custodianship, who requests to initiate a process without the approval of the legal custodian and/or against the legal custodian;

 Yes No

dh) Person benefiting from disability payment, in accordance with the effective legislation on social assistance and services, including persons benefiting from the status of the sight-impaired;

 Yes No

e) Person who is under involuntary treatment in one of the mental health service institutions;

 Yes No

ë) Person who is under voluntary treatment in one of the mental health service institutions due to serious mental issues;

 Yes No

f) Person against whom removal or restriction of the capacity to act is requested;

 Yes No

g) Person whose capacity to act has been removed or restricted, who seeks to initiate a process against the legal custodian, in order to regain the capacity to act, without the approval of the legal custodian;

 Yes No

gj) Person benefiting from social protection schemes;

 Yes No

h) Person whose rights have been infringed through commission or omission on grounds of discrimination, as per the decision of the competent body;

 Yes No

**SECTION 3: 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 4: AUXILIARY DOCUMENTS**

This application is accompanied by the following documents:

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

................................................................................;

................................................................................;

................................................................................;

................................................................................;

**B.** **Documents attesting the status of the special category:**

................................................................................;

................................................................................;

................................................................................;

................................................................................;

**C.** **Other documents:**

................................................................................;

................................................................................;

................................................................................;

................................................................................;

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

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

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

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

 *(city)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

🛈 **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”.**