

**ANNEX
STANDARD FORM**

Form for the transmission of a legal aid application

Special reasons, if any, for requesting urgent action on this application



Dossier reference:

Dossier transmitted by:

Date of transmission

Details of transmitting authority

Name of the transmitting authority:

Member State:

Person responsible for the dossier:

Address:

Telephone:

Fax:

Email:

To:

Details of the receiving authority

Name:

Member State:

Address:

Telephone:

Fax:

Email:

Details of the person or company applying for legal aid

Full name of person or company name:

Name and forename of person representing the applicant if the applicant is a minor or under incapacity:

Name and forename of person representing the applicant if the applicant is of full age and not under incapacity (solicitor, agent, ...):

Address:

Telephone:

Fax:

Email:

Languages:

Details of the procedure

1. Is the legal aid applicant the plaintiff or defendant?

2. Does the legal aid applicant want this aid in order to obtain:

a) pre-litigation advice

(b) assistance (advice and/or representation) within the framework of extrajudicial procedures

(c) assistance (advice and/or representation) within the framework of envisaged legal proceedings

(d) assistance (advice and/or representation) within the framework of ongoing legal proceedings

If yes:

Registration number:

Dates of hearings

Name of the court:

Address of the court:

e) obtain advice and/or representation within the framework of legal proceedings relating to a decision which has already been taken by a judicial authority?

If yes:

Name and address of the judicial authority:

Date of the decision:

Nature of the case:

Appeal against the decision:

Enforcement of the decision:

3. Opposing party

4. Brief description of the nature of the case, including, in cases mentioned at point 2 (a), (b) and (c), information that will help to identify the court probably having jurisdiction:

ACKNOWLEDGEMENT OF RECEIPT

The receiving authority

Name:

Member State:

Dossier reference:

Received on:

Person responsible for the dossier:

Address:

Telephone:

Fax:

Email:

If applicable, dossier transmitted to:

Name:

Person responsible for the dossier:

Address:

Telephone:

Fax:

Email:

Acknowledgement of receipt of dossier transmitted by

The transmitting authority

Name:

Member State:

Dossier reference:

Person responsible for the dossier:

Done at

Date

Signature and/or stamp