

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 the 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:

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Member State:

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Dossier reference:

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Received on:

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Person responsible for the dossier:

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Address:

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Telephone:

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Fax:

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Email:

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If applicable, dossier transmitted to:

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Name:

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Person responsible for the dossier:

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Address:

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Telephone:

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Fax:

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Email:

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Acknowledgement of receipt of dossier transmitted by

The transmitting authority

Name:

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Member State:

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Dossier reference:

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Person responsible for the dossier:

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Done at:

Date:

Signature: