

Issue date . . .
 dd. mm. yyyy

Document number (series) _____

Issuer _____
 (state, institution)

Expiry date of the document . . .
 dd. mm. yyyy

Representative of the person who wishes to receive state ensured legal aid:
 (if the person exercises its rights through a representative)

Name, surname _____

Birth date . . .
 dd. mm. yyyy

Gender: male female

Personal code or identification number (if any) assigned by the state:

Contact information _____
 (telephone, e-mail, fax)

Location _____

Language knowledge _____

Mark off, if you are:

a legal representative (tutor, guardian)

an authorized person

other _____

Basis for representation _____

Information about income and property status:

1) average income during the last three months until the day of requesting legal aid:

amount _____ currency _____

2) property status (specify movable and immovable property owned)

3) dependent persons

4) other information

2. Information on the matter the person needs state ensured legal aid for:

to appeal against resolution No. __ from __.__.__ about the contested order of departure dd. mm. yyyy

to appeal against resolution No. ____ from __.__.____ about compulsory expulsion dd. mm. yyyy

Circumstances that should be considered:

1) date and time of hearing has been scheduled _____

2) the term for submission of appeal against the court judgment _____

3) other circumstances _____

Resolution on assigning state ensured legal aid or on refusal to provide legal aid (mark off the appropriate answer):

send by mail _____ (specify address)

send electronically _____ (specify an e-mail address*)

other means of communicating the resolution _____

The following documents are attached to the Application:

Copies of documents submitted	Original documents submitted
<input type="checkbox"/>	<input type="checkbox"/> 1. _____
<input type="checkbox"/>	<input type="checkbox"/> 2. _____
<input type="checkbox"/>	<input type="checkbox"/> 3. _____
<input type="checkbox"/>	<input type="checkbox"/> 4. _____

I hereby certify that all provided information is true and complete, and I undertake to inform the Legal Aid Administration about changes in data

provided in the application immediately, but not later than in course of seven days after I have learned about changes in information provided therein.

I agree to process my personal data by the Legal Aid Administration necessary to ensure provision and improvement of the state ensured legal aid, including surrendering such information to the state ensured legal aid provider and to persons who require it for research purposes in compliance with the requirements of laws and regulations on protection of data of private persons.

I have been informed that expenses related to state ensured legal aid may be collected from me in full, if the Legal Aid Administration discovers basis for collection indicated in the State Ensured Legal Aid Law (for example, false or incomplete information was provided that served as basis for receipt of state ensured legal aid or state ensured legal aid was received ungroundedly).

Date** _____ Signature** _____

Notes.

1. * The document will be sent using a secure electronic signature.
2. ** "Date" and "signature" details of the document are not completed, if the electronic document was prepared according to laws and regulations on preparation of electronic documents.