

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

**Recommendation Rec(2005)12
of the Committee of Ministers to member states
containing an application form for legal aid abroad for use under the European Agreement on the
transmission of applications for legal aid (CETS No. 092) and its Additional Protocol (CETS No. 179)**

*(Adopted by the Committee of Ministers on 15 June 2005
at the 930th meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Having regard to the European Agreement on the Transmission of Applications for Legal Aid (CETS No. 092), done at Strasbourg on 27 January 1977 (hereinafter referred to as "the Agreement");

Conscious of the importance of ensuring effective co-operation between the Council of Europe and the European Union, in order to permit persons in an economically weak position to exercise their rights more easily throughout Europe;

Having regard to Recommendation No. R (99) 6 on the improvement of the practical application of the Agreement;

Having regard to the conclusions of the Tampere European Council of 1999;

Having regard to Resolution No. 1 adopted by the European Ministers of Justice at their 20th conference held in Budapest in 1996, on measures to ensure the fairness and efficiency of justice and, in particular, to reduce undue delays;

Having regard to the Council Directive 2002/8/EC of 27 January 2003 and the practical benefit for the central authorities operating under the Directive and the Agreement to use the same forms,

Recommends that governments of member states:

- a. sign and ratify the Agreement and its Additional Protocol (CETS No. 179) as soon as possible, if they have not already done so;
- b. use the form contained in Appendix I to this recommendation, together with the form contained in Appendix I of Recommendation Rec(2003)18, when transmitting an application for legal aid to a Party to the Agreement and, wherever possible, accept these forms when it receives them from another Party;
- c. complete and send the acknowledgment form contained in Appendix I to the Recommendation Rec(2003)18 to the transmitting authority immediately upon acknowledgment of receipt of an application;
- d. send a copy of the translation of the form contained in Appendix I to the Secretary General of the Council of Europe who will ensure that a copy is sent to all central authorities designated under the Agreement;

Decide that Appendix I to this recommendation will substitute Appendix I of Recommendation No. R (99) 6 aimed at improving the practical application of the European Agreement on the Transmission of Applications for Legal Aid.

APPLICATION FORM FOR REQUEST OF LEGAL AID ABROAD



INSTRUCTIONS

1. ***Before filling in the application form, please read carefully these instructions***
2. ***All information requested in this form must be provided***
3. ***Any imprecise, inaccurate or incomplete information may delay the processing of your application***
4. ***Providing false or incomplete information in this application may result in negative consequences in law, e.g. this application for legal aid may be rejected or you may face criminal charges***
5. ***Please attach all supporting documentation***
6. ***Please note that this application does not affect the time limits to be observed for commencing judicial proceedings or lodging an appeal***
7. ***Please date and sign and send the completed form to the competent authority as follows:***

O **7.a.** You may choose to send your application to the **competent transmitting authority of the member state in which you reside**. It will then transmit it to the competent authority of the relevant member state. If you decide to proceed in this way, please indicate:

Name of the competent authority in your member state of residence:

Address:

Telephone/Fax/E-mail:

O **7.b.** You may choose to send this application directly to the **competent authority of another member state**, if you know which authority is competent. If you decide to proceed in this way, please indicate:

Name of the authority:

Address:

Telephone/Fax/E-mail:

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Are you able to understand the official language or one of the official languages of this country?

O YES Please indicate which:

O NO

Otherwise, in which language is it possible to communicate with you for legal aid purposes?

A. Details of the person applying for legal aid:

A.1. Gender: Male Female

Name and forename (or business name, if applicable):

Date and place of birth:

Nationality:

Identity document type and number:

Address:

Telephone:

Fax:

E-mail:

A.2. If applicable, details of the person representing the applicant if the applicant is a minor or incapable:

Name and forename:

Address:

Telephone:

Fax:

E-mail:

A.3. If applicable, details of the applicant's legal representative (solicitor, agent...):

in the member state of residence of the applicant:

Name and forename:

Address:

Telephone:

Fax:

E-mail:

in the member state where the legal aid is to be granted:

Name and forename:

Address:

Telephone:

Fax:

E-mail:

B. Information concerning the dispute for which legal aid is requested:

Please attach copies of any supporting documentation.

B.1. Nature of the dispute (e.g. divorce, child custody, employment, business, consumer, etc.):

B.2. Value of the dispute if the subject of the dispute can be expressed in financial terms (please specify the currency):

B.3. Description of the circumstances of the dispute, including the location and date of the facts of the case, and any evidence (e.g. witnesses):

C. Details of the procedure:

Please attach copies of any supporting documentation.

C.1. Are you the plaintiff or defendant?

Describe your claim or the claim against you:

Name and contact details of the opponent:

C.2. Special reasons, if any, for requesting urgent action on this application, e.g. time limits to be observed for commencing proceedings:

C.3. Do you apply for the full amount or for part of legal aid?

In case you only apply for partial legal aid, please specify what it should cover:

C.4. Please specify whether legal aid is required for obtaining:

pre-litigation advice

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

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

assistance (advice and/or representation) within the framework of on-going legal proceedings. If so:

- Registration number:

- Dates of hearings:

- Name of the court:

- Address of the court:

advice and/or representation within the framework of legal proceedings relating to a decision which has already been taken by a judicial authority. If so:

- Name and address of the judicial authority:

- Date of the decision:

- Nature of the case:

- Appeal against the decision
- Enforcement of the decision

C.5. Please specify what additional costs you foresee because of the cross-border nature of the case (e.g. translations or travel):

C.6. Do you have any form of insurance or other rights and facilities which may cover legal expenses in full or in part? If so, please give details:

D. Family situation:

How many people live in your household?

Please, specify their relationship to you (the applicant):

Name and forename	Relationship to the applicant	Date of birth (if children)	Is this person financially dependent on the applicant?	Is the applicant financially dependent on this person?
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

Is there any person who is financially dependent on you who does not live in your household? If yes, specify:

Name and forename	Relationship to the applicant	Date of birth (if children)

Is there any person on whom you are financially dependent who does not live in your household? If yes, specify:

Name and forename	Relationship to the applicant

E. Financial information:

Please provide all information about yourself (I), your spouse or partner (II), any person who is financially dependent on you and resides with you (III) or any person you are financially dependent on and with whom you reside (IV).

If you receive other financial contributions than maintenance from a person on whom you financially depend and with whom you do not reside, specify such benefits under "other income" in E.1.

If you provide other financial contributions than maintenance to a person financially dependant on you who does not reside with you, specify such benefits under "other expense" in E.3.

Documentary evidence shall be produced, e.g. income tax return, certificate of entitlement to state benefits, etc.

When providing the information in the tables below, please specify the currency in which the amounts are expressed.

E.1. Average monthly income details	I. Applicant	II. Spouse or partner	III. Dependent persons	IV. Persons supporting the applicant
- earned: - profit from business: - pensions: - maintenance support: - state benefits please identify: 1. family and housing allowances: 2. unemployment and social security benefits: - income from capital (moveable assets, real estate): - other income:				
Total:				

E.2. Property value	I. Applicant	II. Spouse or partner	III. Dependent persons	IV. Persons supporting the applicant
- real estate used as permanent residence: - other real estate: - land: - savings: - shares: - motor vehicles: - other assets:				
Total:				

E.3. Monthly expenditure	I. Applicant	II. Spouse or partner	III. Dependent persons	IV. Persons supporting the applicant
<ul style="list-style-type: none"> - income tax: - social security contributions: - local government taxes: - mortgage payments: - rent and housing costs: - school fees: - childcare costs: - payment of debts: - repayment of loans: - maintenance paid to another under a legal obligation: - other expense: 				
Total:				

I declare that the information provided herein is true and complete and I undertake to declare without delay to the authority processing the application any changes in my financial situation.

Date (place and time):

Signature: