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REPUBLIC OF ALBANIA
MINISTRY OF JUSTICE
THE MINISTER

Prot. No. 1650/5 **25.03.2019**

ORDER
No 225 DATED 25/3/2019
"ON
THE APPROVAL OF THE FORMS OF LEGAL AID GUARANTEED BY THE STATE"

In reliance on par 4 of Article 102 of the Constitution, on Article 7, par 2, of the Law no. 8678, dated 14.05.2001, "On the organisation and functioning of the Ministry of Justice', as amended, and letter "d", Article 7, Articles 17 and 19 of the Law no 111, dated 14.12.2017, "On legal aid guaranteed by the state",

I HEREBY ORDER:

1. The approval of the forms of legal aid guaranteed by the state (according to appendices), attached to this order and being constituent part thereof:

Appendix I:	Form of the request and self-declaration for primary legal aid;
Appendix II:	Form of the request for secondary legal aid;
Appendix III:	Form of the request for exemption from payment of judicial fees and judicial expenses;
Appendix IV:	Form of self-declaration on income and assets;
Appendix V:	Form of self-declaration for special categories;
Appendix VI:	Form of register for registering the requests and self-declarations according to forms;
Appendix VII:	Form of register of non-profit organisations providing primary legal aid;
Appendix VIII:	Form of complaint against the decision rejecting the request for secondary legal aid;

2. The Secretary General at the Ministry of Justice and the Free Legal Aid Directorate are tasked with the implementation of this Order.

3. The sector of Archives and Protocol shall be tasked with the notification of this Order.

This order shall enter into effect immediately,

MINISTER
Etilda Gjonaj (Saliu)
(seal) (signature)

APPLICATION FORM
FOR BENEFITING THE PRIMARY LEGAL AID

Reserved for the institution/organisation where the request is being submitted / not to be filled out by the applicant

Centre at: .....
Reference: .....
Protocol number: .....
Town: .....

SECTION 1 APPLICANT'S DATA:

a) **Name - Father's Name - Surname:** .....

b) **Date of birth:** .....**Place of birth:** .....

c) Marital status *(married / widow(er) / single / divorced):* .....

d) **Citizenship:**.....

e) Residence in Albania *(with residence permit - temporary)***:** .....
ⓘ *If not an Albanian citizen.*

f) **Place of residence** (*Address*) **:** .....

(Postal code / Town / State) .....

g) **Correspondence address:***(if different from the above):*.....

h) **Contacts:**

- **Telephone:** .....
- **Email:** .....

SECTION 2: WHY AM I APPLYING FOR FREE LEGAL AID?

3.1. Type of case wherefore you ask for Primary Legal Aid:

Civil ☐ **Criminal** ☐ **Administrative** ☐

☞ You are kindly asked to provide some data regarding the case about which you are asking for legal services, for instance:

3.2. You are kindly asked to provide data about the case for which you are demanding Primary Legal Aid:
Focus specifically:

- *What do you need the legal aid for?*
- *What happened?*
- *Additional circumstances of significance to the case?*

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☞ - If the space above is not sufficient, you are kindly asked to continue at the end of this questionnaire

3.3. Have you submitted any request with any state institution regarding the case?

□ Yes □ No

If YES, specify below:
.....
.....
.....

3.4. Have you previously approached any non-profit-making organisation providing free legal aid services regarding the case?

□ Yes □ No

SECTION 3: CAPACITY OF THE BENEFICIARY OF THE PRIMARY LEGAL AID

2.1. Do you belongg to one of the special categories of legal aid beneficiaries?

□ Yes □ No

If yes, specify the category: .....
(*Fill out and attach the Self-Declaration Form for the Specific Categories*).

2.2. Are you part of the category of beneficiaries due to the insufficient income and properties?

□ Yes □ No

If yes, declare your income and properties:
(*Fill out and attach the Self-Declaration Form of Income and Properties*).

2.2.1 For the applicant living alone:

- My income is below the minimum monthly salary amount set out by law.
- My properties are below the 36 minimum monthly salaries set out by law.

2.2.2 For the applicant living in a family:

- The family income is below the 50% of the minimum monthly salary set out by law.
- The properties of the family are below the 36 minimum monthly salaries set out by law.

SECTION 4 STATEMENTS

ⓘ *Please read carefully before signing up!*

1. **I declare that the entire information I have made available, by way of such application, is true and accurate. I have been informed that, in the sense of the legislation in effect in the Republic of Albania, it is a violation:**
   - **Making available inaccurate/untrue information/statements;**
   - **Making available false documents;**
2. **I declare that I admit that, upon the inaccuracy/falsity of the information and/or document being established, the necessary measures may be taken regarding any costs being incurred as a consequence of the unjust benefit of legal aid due to the established inaccuracy/untruthfulness or falsity.**
3. **I declare and admit that all the data made available by me may be verified in connection with the accuracy, truthfulness and effectiveness regarding my application and that this declaration may serve as an authorisation for the centre / clinic for undertaking any measure to the effect of verifying the data contained in this form.**

4. **I declare and admit that hereunder I will inform on any additional information that may change my status as beneficiary of the free legal aid.**

SECTION 5: ACCOMPANYING DOCUMENTATION

This application shall be accompanied by the documents as follows:

A. Identity documents of the applicant;
.....;
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.....;

B. Self-declaration form for the specific categories *(associated with the attached documents)***; and/or Self-declaration form for the income and properties** *(associated with the attached documents)***;**

C. Other documents:
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.....;
.....;

Signature of the Applicant

Mr./Ms _____
(name, surname, signature)

Signature of the clinic/centre employee

Mr./Ms._____
(name, surname, signature)

In _____
(Town)

Dated: __ __.__ __. 20__ __

ⓘ **Information referred to above shall be dealt with in compliance with the Law no 9887, dated 10/03/2008 'On the protection of personal data and any disposal of such date shall be conducted in compliance with the Law no. 119/2014 'On the right to information'.**

APPLICATION FORM

FOR BENEFITING THE SECONDARY LEGAL AID

Reserved for the institution/organisation where the request is being submitted / not to be filled out by the applicant

Court: .....
Reference: .....
Protocol number: .....
Town: .....

SECTION 1 APPLICANT'S DATA:

a) **Name - Father's Name - Surname:** .....

b) **Date of birth:** .....**Place of birth:** .....

c) Marital status *(married / widow(er) / single / divorced):* .....

d) **Citizenship:** .....

e) Residence in Albania *(with residence permit - temporary)***:** .....
ⓘ If not an Albanian citizen.

f) **Place of residence** (*Address*)**:** .....

(Potal code / Town / State) .....

g) **Correspondence address:** *(if different from the above):*.....

h) **Contacts:**

– **Telephone:** .....

– **Email:** .....

DATA OF THE APPLICANT'S REPRESENTATIVE *(where the application is not lodged personally)***:**

a) **Name - Father's Name - Surname:** .....

b) **Correspondence address:** *(if different from the above):*.....

c) **Contacts:**

– **Telephone:** .....

– **Email:** .....

SECTION 2: CAPACITY OF THE BENEFICIARY OF THE SECONDARY LEGAL AID

2.1. Do you belong to one of the special categories of legal aid beneficiaries?

□ Yes □ No

If yes, specify the category: .....

(*Fill out and attach the Self-Declaration Form for the Specific Categories*).

2.2. Are you part of the category of beneficiaries due to the insufficient income and properties?

□ Yes □ No

If yes, declare your income and properties:

(*Fill out and attach the Self-Declaration Form of Income and Properties*).

2.2.1 For the applicant living alone:

- My income is below the minimum monthly salary amount set out by law.
- My properties are below the 36 minimum monthly salaries set out by law.

2.2.2 For the applicant living in a family:

- The family income is below the 50% of the minimum monthly salary set out by law.
- The properties of the family are below the 36 minimum monthly salaries set out by law.

SECTION 3: WHY AM I APPLYING FOR SECONDARY LEGAL AID?

This request for legal aid is being submitted:

3.1. PRIOR TO THE INITIATION OF THE JUDICIAL PROCEEDINGS ☐

3.1.1. At this stage, the secondary legal aid is useful to you for:

1. Advice regarding the judicial settlement of the problem? ☐
2. Preparation and submission of a request, lawsuit/pleading to the plaintiff? ☐

3.1.2 Type of case wherefore you ask for Primary Legal Aid:

Civil ☐ **Criminal** ☐ **Administrative** ☐

3.1.3 You are kindly asked to provide data about the case wherefore you are asking for legal services:

Focus specifically:

- *What happened?*
- *Who are the parties/persons involved in conflict with you?*
- *Additional circumstances of significance to the case?*

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☞ - If the space above is not sufficient, you are kindly asked to continue at the end of this questionnaire.

3.2. ALONG WITH THE LAWSUIT ☐

3.2.1. At this stage, the secondary legal aid is useful to you for:

1. Advice regarding the judicial settlement of the problem? ☐
2. Preparation of defence submission acts and establishing documentation f of the court? ☐

3. Representation in the course of judicial proceedings? ☐

3.2.2 Type of matter wherefore you ask for Primary Legal Aid:

Civil ☐ **Criminal** ☐ **Administrative** ☐ **Family cases** ☐

3.2.3 Did you involve any advocate for offering legal services regarding the matter?

□ Yes □ No

3.2.4 You are kindly asked to provide data surrounding the reliability of your request:

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☞ - If the space above is not sufficient, you are kindly asked to continue at the end of this questionnaire

3.3. IN THE COURSE OF JUDICIAL EXAMINATION *(prior to completing the judicial investigation)* ☐

3.3.1 Type of case wherefore you ask for Primary Legal Aid:

Civil ☐ **Criminal** ☐ **Administrative** ☐ **Family cases** ☐

3.3.2 In these proceedings, you are in the capacity of:

- Plaintiff ☐
- Respondent ☐
- Third person ☐
- Don't know ☐

3.3.3. At this stage, the secondary legal aid is useful to you for:

1. Advice regarding the continuation of judicial proceedings? ☐
2. Preparation of defence submission acts and establishing documentation f of the court? ☐
3. Representation in the course of judicial proceedings? ☐

3.3.4 Did you involve any advocate for offering legal services regarding the matter?

□ Yes □ No

3.3.5 You are kindly asked to provide data surrounding the reliability of your request:

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☞ - If the space above is not sufficient, you are kindly asked to continue at the end of this questionnaire

SECTION 4 STATEMENTS

ⓘ *Please read carefully before signing up!*

5. **I declare that the entire information I have made available, by way of such application, is true and accurate. I have been informed that it is a violation in the sense of Article 32 of the Law no 111/2017 and the criminal legislation in the Republic of Albania:**
   - **Making available inaccurate/untrue information/statements;**
   - **Making available false documents;**

6. **I declare that I admit that, upon the inaccuracy/falsity of the information and/or document being established, the necessary measures may be taken regarding any costs being incurred as a consequence of the unjust benefit of legal aid due to the established inaccuracy/untruthfulness or falsity. Specifically, by way of this declaration, I admit that in the event of any inaccuracy and/falsity of an information or document, I will be obliged to reimburse the expenses for the advocate having offered the legal aid and any expenses or cost that will emerge out of the unjust benefit of the legal aid free of charge.**

7. **I declare and admit that all the data made available by me may be verified in connection with the accuracy, truthfulness and effectiveness regarding my application and that this declaration may serve as an authorisation for the centre / clinic for undertaking any measure to the effect of verifying the data contained in this form.**

8. **I declare and admit that hereunder I will inform on any additional information that may change my status as beneficiary of the free legal aid.**

SECTION 5: ACCOMPANYING DOCUMENTATION

This applications hall be associated by the documents as follows:

A. Identity documents of the applicant;
.....;
.....;
.....;
.....;

B. Authorisation document for the representative of the Applicant;

C. Self-declaration form for the specific categories *(associated with the attached documents)***; and/or Self-declaration form for the income and properties***(associated with the attached documents)***;**

D. Other documents:
.....;
.....;
.....;
.....;

Signature of the Applicant

Signature of the clinic/centre employee

Mr./Ms _____

Mr./Ms._____

(name, surname, signature)

(name, surname, signature)

In _____ Dated: __ __.__ __. 20__ __

(Town)

ⓘInformation referred to above shall be dealt with in compliance with the Law no 9887, dated 10/03/2008 'On the protection of personal data and any disposal of such date shall be conducted in compliance with the Law no. 119/2014 'On the right to information'.

APPLICATION FORM

ON EXCLUSION FROM THE PAYMENT OF FEES AND JUDICIAL EXPENDITURE

Reserved for the institution/organisation where the request is being submitted / not to be filled out by the applicant

Court: .....
Reference: .....
Protocol number: .....
Town: .....

SECTION 1 DATA OF COMPLAINANT:

a) **Name - Father's Name - Surname:** .....

b) **Date of birth:** .....**Place of birth:** .....

c) Marital status *(married / widow (er) / single / divorced):* .....

d) **Citizenship:** .....

e) Residence in Albania *(with residence permit - temporary)***:** .....
ⓘ *If not an Albanian citizen.*

f) **Place of residence** (*Address*)**:** .....

(Postal code / Town / State) .....

g) **Correspondence address:** *(if different from the above):* .....

h) **Contacts:**

– **Telephone:** .....

– **Email:** .....

DATA OF THE COMPLAINANT'S REPRESENTATIVE *(where the complaint is not lodged personally)***:**

d) **Name - Father's Name - Surname:** .....

e) **Correspondence address:** *(if different from the above):*.....

f) **Contacts:**

– **Telephone:** .....

– **Email:** .....

SECTION 2: CAPACITY OF THE BENEFICIARY OF THE PRIMARY LEGAL AID

2.1. Do you belong to one of the special categories of legal aid beneficiaries?

□ Yes □ No

If yes, specify the category: .....
(*Fill out and attach the Self-Declaration Form for the Specific Categories*).

2.2. Are you part of the category of beneficiaries due to the insufficient income and properties?

□ Yes □ No

2.2.1 For the applicant living alone:
- My income is below the minimum monthly salary amount set out by law.
- My properties are below the 36 minimum monthly salaries set out by law.

2.2.2 For the applicant living in a family:
- The family income is below the 50% of the minimum monthly salary set out by law.
- The properties of the family are below the 36 minimum monthly salaries set out by law.

declare your income and properties:
(*Fill out and attach the Self-Declaration Form of Income and Properties*).

SECTION 3: WHY DO I APPLY FOR BENEFITING LEGAL AID UNDER THIS FORM?

3.1. This request for legal aid is being submitted:

a) along with the request for secondary legal aid ☐

b) along with the lawsuit ☐

c) in the course of judicial examination of the case (prior to the completion of the judicial investigation) ☐

3.2. By way of this request, it is sought:

a) exception from all the fees and judicial expenses ☐

b) exception from one or some of the fees and/or judicial expenses ☐

(specify below the fee/s and/or judicial expense/s wherefore you are seeking the exception from the obligation to pay)

- Exception from the general judicial fees ☐
- Exception from the specific judicial fees ☐
- Exception from the additional judicial fees ☐
- Exception from the payment of the judicial expenses, regarding:
  - Expenses for witnesses ☐
  - Expenses for bailiffs ☐
  - Expenses for experts ☐
  - Expenses for interpreters ☐
  - Expenses for the inspection of items/inspection on the spot ☐
- Exception from the pre-payment of the fee for putting the enforcement order in execution ☐

SECTION 4: STATEMENTS

ⓘ *Please read carefully before signing up!*

9. **I declare that the entire information I have made available, by way of such application, is true and accurate. I have been informed that it is a violation in the sense of Article 32 of the Law no 111/2017 and the criminal legislation in the Republic of Albania:**
   - **Making available inaccurate/untrue information/statements;**
   - **Making available false documents;**

10. **I declare that I admit that, upon the inaccuracy/falsity of the information and/or document being established, the necessary measures may be taken regarding any costs being incurred as a consequence of the unjust benefit of legal aid due to the established inaccuracy/untruthfulness or falsity. Specifically, by way of this declaration, I admit that in the event of any inaccuracy and/falsity of an information or document, I will be obliged to reimburse the expenses for the advocate having offered the legal aid and any expenses or cost that will emerge out of the unjust benefit of the legal aid free of charge.**

11. **I declare and admit that all the data made available by me may be verified in connection with the accuracy, truthfulness and effectiveness regarding my application and that this declaration may serve as an authorisation for the centre / clinic for undertaking any measure to the effect of verifying the data contained in this form.**

12. **I declare and admit that hereunder I will inform on any additional information that may change my status as beneficiary of the free legal aid.**

RUBRIC 5: ACCOMPANYING DOCUMENTATION

This applications hall be associated by the documents as follows:

A. Identity documents of the applicant;
.....;
.....;
.....;
.....;

B. Authorisation document for the representative of the Applicant;

C. Self-declaration form for the specific categories *(associated with the attached documents)***; and/or Self-declaration form for the income and properties***(associated with the attached documents)***;**

D. Other documents:

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

Signature of the Applicant

Signature of the clinic/centre employee

Mr./Ms _____
(name, surname, signature)

Mr./Ms._____
(name, surname, signature)

In _____
(Town)

Dated: __ __.__ __. 20__ __

ⓘInformation referred to above shall be dealt with in compliance with the Law no 9887, dated 10/03/2008 'On the protection of personal data and any disposal of such date shall be conducted in compliance with the Law no. 119/2014 'On the right to information'.

SELF-DECLARATION FORM ON INCOME AND ASSETS FOR BENEFITING PRIMARY AND SECONDARY LEGAL AID

SECTION 1: APPLICANT'S DATA:

a) **Name - Father's Name - Surname:** .....

b) **Date of birth:** .....**Place of birth:**.....

c) Civil status *(married / widow/er / single / divorced):* .....

d) **Citizenship:** .....

e) Residence in Albania *(with residence permit - temporary)***:** .....
ⓘ*If not an Albanian citizen.*

f) **Place of residence** (*Address*)**:** .....

(Postal code / City / State): .....

g) **Address for correspondence:** *(if different from the above):*.....

.....

h) **Contact:**

– **Telephone:** .....

– **Email:** .....

SECTION 2: SELF-DECLARATION OF INCOME AND ASSETS

2.1. *Self-declaration of Applicant living alone:*

2.1.1 Applicant's Income:

- Income from salary ☐ / pension ☐ in the amount of ..... ALL/month.
- Income for immovable property lease in the amount of ..... ALL/month;
- Income from loan/bank deposit interest in the amount of .....ALL/month.
- Other (*specify the sources and amounts received*):

.....
.....
.....
.....

- **APPLICANT'S TOTAL INCOME IS IN THE AMOUNT OF ..... ALL/MONTH**

2.1.2 *Applicant's Assets*

Movable properties
(For example: cars; quotes/shares in trade companies; bank deposits, etc.)

	Property	Amount of Property
1		
2		
3		
4		
5		
6		
7		

Immovable properties
(Except the residence where the applicant lives)

	Property	Amount of Property
1		
2		
3		
4		

- **APPLICANT'S ASSETS ARE IN THE AMOUNT OF ..... ALL.**

2.1.3 ***Expenses / costs / liabilities of the applicant***

- Housing costs (rent) in the amount of ..... ALL/month;
- Child custody/alimony the amount of .....ALL/month;
- Payment of bank loan in the amount of .....ALL/month;
- Other (*specify*):

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.....
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.....

☞ - If the space above is not enough, please follow the page at the bottom of this form.

- **TOTAL LIABILITIES OF THE APPLICANT ARE IN THE AMOUNT OF ..... ALL/MONTH.**

2.2. Self-declaration of applicant living with family

(income; the following assets and expenses shall be considered of the applicant and the family jointly)

2.2.1 Family Income:

The family is composed by ☐ persons, receiving income as follows hereunder:

- Income form salary / pensions:

1. ....., in the quality of....., who is amounting to ..... ALL ☐ employed/retired with income
☐ unemployed.

2. ....., in the quality of....., who is amounting to ..... ALL ☐ employed/retired with income
☐ unemployed.

3. ....., in the quality of....., who is amounting to ..... ALL ☐ employed/retired with income

☐ unemployed.

4. ....., in the quality of....., who is ☐ employed/retired with income amounting to ..... ALL

☐ unemployed.

5. ....., in the quality of....., who is ☐ employed/retired with income amounting to ..... ALL

☐ unemployed.

- Income for immovable property lease in the amount of .....ALL/month;
- Income from loan/bank deposit interest in the amount of .....ALL/month.
- Other (*specify sources and amounts received*):

.....
.....
.....
.....

☞
- If the space above is not enough, please follow the page at the bottom of this form.

- **TOTAL INCOME OF THE FAMILY IS IN THE AMOUNT OF .....ALL/MONTH**

2.2.2 *Family Assets*

Movable properties

(For example: cars; quotes/shares in trade companies; bank deposits, etc.)

	Property	Amount of Property
1		
2		
3		
4		
5		
6		
7		

Immovable properties

(Except the residence where the family lives)

	Property	Amount of Property
1		
2		
3		
4		
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7		

- **FAMILY ASSETS ARE IN THE AMOUNT OF .....ALL.**

2.1.3 ***Expenses / costs / liabilities of the family***

- Housing costs (rent) in the amount of ..... ALL/month;
- Child custody/alimony the amount of .....ALL/month;
- Payment of bank loan in the amount of .....ALL/month;
- Other (*specify*):

.....
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☞ - If the space above is not enough, please follow the page at the bottom of this form.

- **TOTAL LIABILITIES OF THE FAMILY ARE IN THE AMOUNT OF ..... ALL/MONTH.**

SECTION 3: DECLARATIONS

ⓘ *Please read carefully before signing!*

13. I hereby declare that the entire information I have made available, by way of this application, is true and accurate. I have been informed that the following constitutes violation of Article 32 of Law No. 111/2017 and criminal legislation of the Republic of Albania:

- **Provision of inaccurate/untrue information/statement;**
- **Provision of false documents;**

14. **I hereby declare and acknowledge that, should the inaccuracy/falsity of a piece of information and/or a document be proved, the necessary measures may be taken against me regarding any costs being incurred as a consequence of the unfair benefit of legal aid due to the proved inaccuracy/untruthfulness or falsity. In specific terms, through this statement, I acknowledge that in the event of inaccuracy and/or falsity of any information or document, I will be obliged to reimburse the costs of the lawyer who has provided legal assistance and any other expenses or costs resulting from the unjustified benefit of free legal aid.**
15. **I declare and acknowledge that all the data made available by me may be verified for the effect of their accuracy, truthfulness and effectiveness regarding my application and that this statement may serve as an authorisation for the centre/clinic for undertaking any measures aiming at the verification of the data contained in this form.**
16. **I declare and acknowledge that I will further inform on any additional information that may change my status as a beneficiary of free legal aid.**

SECTION 4: ACCOMPANYING DOCUMENTATION

This application is accompanied by the following documents hereunder:

A. Identity Documents of the Applicant;

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

B. Documents certifying income, assets and expenses:

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

C. Other documents:

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

Signature of the Applicant

Mr./Ms _____
(name, surname, signature)

Signature of the clinic/centre employee

Mr./Ms._____
(name, surname, signature)

In _____
(City)

Date: __ __.__ __. 20__ __

ⓘInformation given above shall be processed in compliance with Law no. 9887, dated 10/03/2008 "On the protection of personal data and any disposition of such data shall be conducted in compliance with Law no. 119/2014 "On the right to information".

COMPLAINT AGAINST THE COURT DECISION
REGARDING THE REJECTION OF THE REQUEST
FOR SECONDARY LEGAL AID

Reserved for the institution/organisation where the request is being submitted / not to be filled out by the applicant

Court: .....
Reference: .....
Protocol number: .....
Town: .....
Date: .....

SECTION 1 COMPLAINANT'S DATA

a) **Name - Father's Name - Surname:** .....

b) **Date of birth:** .....**Place of birth:** .....

c) Marital status *(married / widow(er) / single / divorced):* .....

d) **Citizenship:** .....

e) Residence in Albania *(with residence permit - temporary)***:** .....
ⓘ If not an Albanian citizen.

f) **Place of residence** (*Address*) **:** .....

(Postal code / Town / State) .....

g) **Correspondence address:***(if different from the above)*:.....

h) **Contacts:**

– **Telephone:** .....

– **Email:** .....

DATA OF THE COMPLAINANT'S REPRESENTATIVE *(where the complaint is not lodged personally)***:**

g) **Name - Father's Name - Surname:** .....

h) **Correspondence address:***(if different from the above):*.....

i) **Contacts:**

– **Telephone:** .....

– **Email:** .....

SECTION 2: DECISION THAT THE COMPLAINT IS LODGED AGAINST

2.1. **Data surrounding the decision being contested:**

Decision no _____;
Date _____;
Court _____;

2.2. **Pertaining to the request, court decided (***quote from the ordering provisions of the decision***):**
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SECTION 3 LEGAL GROUNDS OF THE COMPLAINT AGAINST THE DECISION REJECTING THE REQUEST FOR SECONDARY LEGAL AID

3.1. Requirements for benefiting Secondary Legal Aid are being met (*According to Articles 11 and 12 of the Law 11/2017***):**
In concrete terms: The complainant has sought being granted secondary legal aid, in the capacity of:

- the person belonging to one of the special categories of legal aid beneficiaries
  □ Yes □ No

If yes, specify the category: .....

And/or

- person with insufficient income and properties

  □ Yes □ No

3.1.2 The decision rejecting the request is not relying on evidence and law, regarding the following:

ⓘ(Grounds based whereon the request has been rejected, referring to the grounding of the decision by the court)

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☞ - If the space above is not sufficient, you are kindly asked to continue at the end of this questionnaire

3.2. By way of this complaint, I request the Appeal Court to decide:

- Amending the Decision no _____, dated _____, of the Judicial District Court _____, deciding the admission of the request for granting Secondary Legal Aid;

Signature of complainant

Mr./Ms _____

(name, surname, signature)

REGISTER OF REUQESTS AND SELF-DECLARATIONS FOR PRIMARY LEGAL AID

No.	Name Fatherhood Surname	Sex	Date of Birth	Citizenship	Family status (No. of participants)	Employment status	Contact address and data	Self-declaration regarding income and assets	Accepted or rejected the request or reasons	Nature of the case: -civil – criminal - administrative	Provider's data

REGISTER OF NGOs PROVIDING PRIMARY LEGAL AID

No.	Name of the NonProfit Organisation	No. and date of the decision of the MoJ on granting authorization	Jurisdiction/geographical area where the Nonprofit Organization is authorized to provide services	Specifications of the type of primary legal aid, if any	Data on the funding contract, if benefited	Data on the revocation of the authorization, as applicable
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SELF-DECLARATION FORM
FOR SPECIAL CATEGORIES OF BENEFICIARIES

SECTION 1: APPLICANT'S DATA:

a) **Name - Father's Name - Surname:** .....

b) **Date of birth:** .....**Place of birth:** .....

c) Civil status *(married / widow/er / single / divorced):* .....

d) **Citizenship:** .....

e) Residence in Albania *(with residence permit - temporary)***:** .....
ⓘ*If not with Albanian citizenship.*

f) **Place of residence** (*Address*)**:** .....

(Postal code / City / State): .....

g) **Address for correspondence:** *(if different from the above):*.....

h) **Contact:**

– **Telephone:** .....

– **Email:** .....

SECTION 2: SELF-DECLARATION FROM SPECIAL CATEGORIES OF BENEFICIARIES

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

Special categories:

a) Victim of domestic violence

□ Yes □ No

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

□ Yes □ No

c) Juvenile victim and/or in conflict with the law

□ Yes □ No

ç) Child living in a social care institution

□ Yes □ No

d) Child in custody, seeking to initiate proceedings without the consent of the legal guardian and/or against the legal guardian;

□ Yes □ No

dh) A person who benefits from disability payments in accordance with the legislation in force on social assistance and services, including persons who benefit from the status of the blind;

□ Yes □ No

e) A person undergoing involuntary treatment at one of the mental health service institutions;

□ Yes □ No

ë) A person, under voluntary treatment at mental health service institutions for severe mental illness;

□ Yes □ No

f) A person requiring removal or restriction of ability to act;

□ Yes □ No

g) A person whose ability to act has been removed or restricted, who seeks to initiate a process against a legal guardian in order to regain his ability to act without the consent of the legal guardian;

□ Yes □ No

gj) A person who benefits from social protection schemes;

□ Yes □ No

h) A person whose rights have been violated through an act or omission which constitutes discrimination, based on the decision of the competent authority;

□ Yes □ No

SECTION 3: DECLARATIONS

ⓘ *Please read carefully before signing!*

17. **I hereby declare that the entire information I have made available, by way of this application, is true and accurate. I have been informed that the following constitutes violation of Article 32 of Law No. 111/2017 and criminal legislation of the Republic of Albania:**
    - **Provision of inaccurate/untrue information/statement;**
    - **Provision of false documents;**

18. **I hereby declare and acknowledge that, should the inaccuracy/falsity of a piece of information and/or a document be proved, the necessary measures may be taken against me regarding any costs being incurred as a consequence of the unfair benefit of legal aid due to the proved inaccuracy/untruthfulness or falsity. In specific terms, through this statement, I acknowledge that in the event of inaccuracy and/or falsity of any information or document, I will be obliged to reimburse the costs of the lawyer who has provided legal assistance and any other expenses or costs resulting from the unjustified benefit of free legal aid.**

19. **I declare and acknowledge that all the data made available by me may be verified for the effect of their accuracy, truthfulness and effectiveness regarding my application and that this statement may serve as an authorisation for the centre/clinic for undertaking any measures aiming at the verification of the data contained in this form.**

20. **I declare and acknowledge that I will further inform on any additional information that may change my status as a beneficiary of free legal aid.**

SECTION 4: ACCOMPANYING DOCUMENTATION

This application is accompanied by the following documents hereunder:

A. Identity Documents of the Applicant;

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

B. Documents certifying the status of the special category:

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

C. Other documents:

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

Signature of the Applicant

Mr./Ms _____
(name, surname, signature)

Signature of the clinic/centre employee

Mr./Ms._____
(name, surname, signature)

In _____
(City)

Date: __ __.__ __. 20__ __

ⓘInformation given above shall be processed in compliance with Law no. 9887, dated 10/03/2008 "On the protection of personal data and any disposition of such data shall be conducted in compliance with Law no. 119/2014 "On the right to information".