

# LEGAL AID APPLICATION FORM

<b>Personal details</b>	FAMILY NAME and given names	
	Personal identity number	Occupation
	Address	
	Telephone number(s) during office hours, fax number and e-mail address	
	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabitation <input type="checkbox"/> Registered relationship <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
<b>Spouse or partner</b>	FAMILY NAME and given names	
	Personal identity number	Occupation
<b>Legal matter for which legal aid is needed</b>	Court/pre-trial investigation authority	
	Nature of the legal matter	
	Applicants status in the matter: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Petitioner <input type="checkbox"/> Complainant <input type="checkbox"/> Suspect/ the accused <input type="checkbox"/> Other	
	Opponents / Other parties concerned	
<b>Retroactive effect</b>	<input type="checkbox"/> Legal aid is applied for retroactively from _____	Date _____ onwards to apply to taken measures, according to _____ Measures for which legal aid is applied for retroactively _____
	<input type="checkbox"/> the enclosed invoice. <input type="checkbox"/> the following:	
<b>Counsel suggested by the applicant</b>	FAMILY NAME and given names	
	Occupation	
	Address	
	Telephone number(s) during office hours, fax number an e-mail address	
<b>Grounds</b>	Establishment of the grounds for applying for the appointment of a counsel in a matter referred to in section 6(2) of the Finnish Legal Aid Act	
<b>Consent</b>	<input type="checkbox"/> I consent to act as the applicant's counsel.	<input type="checkbox"/> The legal aid office has examined the counsel's consent.
	Date and place	Signature
<b>Decision notification</b>	<input type="checkbox"/> Decisions concerning legal aid are to be sent to the counsel. <input type="checkbox"/> The applicant gives his/her consent to sending of decisions concerning legal aid by telefax or by e-mail.	
<b>Legal expenses insurance</b>	<input type="checkbox"/> The applicant has an legal expenses insurance. <input type="checkbox"/> Insurance benefit granted (decision enclosed). <input type="checkbox"/> Insurance benefit not granted (decision enclosed). <input type="checkbox"/> The applicant does not have a legal expenses insurance.	
	Insurance company	
	Maximum limit for the insurance company's liability to compensate €	Insurance excess limit € or % of the costs.
<b>Annexes to the application</b>	<input type="checkbox"/> Decision of the insurance company <input type="checkbox"/> Payslip <input type="checkbox"/> Bank statement <input type="checkbox"/> Tax certificate <input type="checkbox"/> Other annexes, which are:	

### 1 THE APPLICANT'S MONTHLY INCOME

<b>Earned or business income</b>	Income specification				In total	€
<b>Pensions</b>	National pension		Earnings-related pension		In total	€
<b>Capital income</b>	Income from interest	Income from dividends	Income from rents	Other capital income	In total	€
<b>Alimony and maintenance support</b>	Alimony		Maintenance support		In total	€
<b>Daily benefits and other benefits</b>	Daily unemployment benefits		Study grant	Maternity grant		
	Daily sickness allowance		Daily accident compensation	Annuity	In total	€
<b>Child benefit and child home care allowance</b>	Child benefit		Child home care allowance		In total	€
<b>Other income</b>	Income specification (for example fringe benefits, grants, rehabilitation allowances)				In total	€
<b>Taxes</b>	Taxes in accordance with normal tax withholding*, preassessment or final taxation and the statutory employee payments in connection to this:				In total	€
* The tax withholding added with possible deductions from the prepayment.					<b>Income after taxes and payments:</b>	€

### 2 MONTHLY INCOME OF THE APPLICANTS SPOUSE OR PARTNER

<b>Earned or business income</b>	Income specification				In total	€
<b>Pensions</b>	National pension		Earnings-related pension		In total	€
<b>Capital income</b>	Income from interest	Income from dividends	Income from rents	Other capital income	In total	€
<b>Alimony and maintenance support</b>	Alimony		Maintenance support		In total	€
<b>Daily benefits and other benefits</b>	Daily unemployment benefits		Study grant	Maternity grant		
	Daily sickness allowance		Daily accident compensation	Annuity	In total	€
<b>Child benefit and child home care allowance</b>	Child benefit		Child home care allowance		In total	€
<b>Other income</b>	Income specification (for example fringe benefits, grants, rehabilitation allowances)				In total	€
<b>Taxes</b>	Taxes in accordance with normal tax withholding*, preassessment or final taxation and the statutory employee payments in connection to this:				In total	€
* The tax withholding added with possible deductions from the prepayment.					<b>Income after taxes and payments:</b>	€

### 3 MONTHLY EXPENCES

<b>Housing costs</b>	Rent or maintenance charge (heat and water rates included)		Maintenance charges for single family house (or comparable house)		
	Mortgage interest rate		Housing allowance and housing allowance for students		
	Housing costs in total (the expences for a rented or owned flat after the housing allowance or the housing allowance for students:				€
<b>Expences for child care</b>	Child care charges				In total
<b>Alimonies</b>	Paid by the applicant		Paid by the applicant's spouse		In total
<b>Other necessary expences</b>	Execution payments:		Paid by the applicant's spouse		In total
	De facto debt service costs in connection to a debt arrangement:				In total
	Payments according to a payment schedule set up for a debt arrangement:		Paid by the applicant's spouse		In total
					In total
	<b>Expences:</b>				€
	<input type="checkbox"/> The expences do not exceed 250 €/month				
	<b>Subtract from the expences:</b>				-
	<b>Expences to be taken into account:</b>				In total
					€

If the expences are in total 250 € or less please tick this box ->

In other causes subtract 250 € from your total expences and write the final sum in the box "Expences to be taken into account" ->

### 4 HOUSING CONDITIONS

<input type="checkbox"/> Owned flat	<input type="checkbox"/> Right of occupancy housing	<input type="checkbox"/> Rented flat	<input type="checkbox"/> Company housing	<input type="checkbox"/> Other, which is:
				Type of apartment rooms+kitchen/kichenette
				Net floor area m <sup>2</sup>

## 5 THE APPLICANT'S ASSETS AND DEBTS

<b>Assets</b>	Bank accounts, fixed period accounts (enclose bank statements), bonds and other easily realisable assets	
		Taxable value in total €
	Real estate or share of stock in a housing corporation, size of the farm	
		Taxable value €
	<input type="checkbox"/> Used as permanent residence	
	Other real estate or share of stock in a housing corporation, size of the farm	
		Taxable value in total €
	Joint-owner of an estate, share of an unlimited and/or limited partnership company	
		Taxable value in total €
	Means of transport	
	Taxable value in total €	
<input type="checkbox"/> The car is necessary for work or commuting		
Other assets		
	Taxable value in total €	
<b>Debts</b>	Mortgage for the owned flat used as permanent residence (the applicant's share):	Outstanding debt in total €
		Outstanding debt in total €
	Car loan:	Outstanding debt in total €
	Other debts	
		Outstanding debt in total €

## 6 ASSETS AND DEBTS OF THOSE WHO LIVE IN THE SAME HOUSEHOLD WITH THE APPLICANT

<b>Assets</b>	Real estate or share of stock in a housing corporation, size of the farm	
		Taxable value €
	<input type="checkbox"/> Used as permanent residence	
	Other real estate or share of stock in a housing corporation, size of the farm	
		Taxable value in total €
	Joint-owner of an estate, share of an unlimited and/or limited partnership company	
		Taxable value in total €
	Means of transport	
		Taxable value in total €
	<input type="checkbox"/> The car is necessary for work or commuting	
Other assets, including bank accounts, fixed period accounts (enclose bank statements), bonds and other easily realisable assets		
	Taxable value in total €	
<b>Debts</b>	Mortgage for the owned flat used as permanent residence (other than the applicant's share):	Outstanding debt in total €
		Outstanding debt in total €
	Car loan:	Outstanding debt in total €
	Other debts	
		Outstanding debt in total €

## 7 MAINTENANCE LIABILITY

<b>Children</b>	Children under 18 living in the same household with the applicant:	Number	Children over 18 living in the same household with the applicant who the applicant de facto provides for:	Number
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## 8 AFFIRMATION AND SIGNATURE

For this matter	<input type="checkbox"/> I have not applied for legal aid from any other legal aid office.	<input type="checkbox"/> I have applied for legal aid from another legal aid office.	I affirm that the information I have given is true and correct, and that I do not have any other income or assets.
As a recipient of legal aid I commit to inform the legal aid office about any changes in my financial situation.			Signature of the applicant
Date (place and time)			