***1st appendix for the judgment of IRM 28/2017. (XII.27.)***

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| Application form  for the request towards legal aid | | | | | | The stamp of the departmental or capital judicial services / offices | |
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| 1. **Applicant’s personal data, financial and heritage situation** | | | | | | | |
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| I. Personal data of the applicant | | | | | | | |
|  | | | | | | | |
| 1.1. Name: | | | | | | 1.2. Birth name: | |
| 1.3. Place and date of birth: | | | | | | | |
| 1.4. Mother's birth name: | | | | | | | |
| 1.5. Identity card number (if not present, type of other personal identification documentation): | | | | | | | |
| 1.6. Residence or domicile address: | | | | | | | |
| 1.7. Postal address, telephone number, e-mail: | | | | | | | |
| 1.8. Nationality: | | | | | | 1.9. Phone number: | |
| 1.10. Occupation: | | | | | | | |
| 1.11. Entrepreneur, or having a business as | | \_ member of a business \_ sole proprietor \_ farmer \_ farmer and in the calendar year preceding the submission of the application, he/she was not required to make his declaration of taxes and its simplified declaration of taxes | | | | | |
| 1.12. Special law degree: \_ yes \_ no | | | | | | | |
| * 1. In the case of a non-Hungarian citizen, the right of residence in Hungary: | | | | | | | |
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| **2. Data of those living in a joint household with the applicant** | | | | | | | |
|  | | | | | | | |
| 2.1. Name of spouse, partner: | | | | | | | |
| 2.1.1. Birth name of spouse, partner: | | | | | | | |
| 2.1.2. Place and date of birth: | | | | | | | |
| 2.1.3. Mother's birth name: | | | | | | | |
| 2.1.4. Occupation: | | | | | | | |
| 2.1.5. Entrepreneur: \_ yes \_ no | | | | | | | |
| 2.1.6. Having a business as: | | | | | | | |
| 2.1.7. He/she was not required to make his declaration of taxes and its simplified declaration of taxes: \_ yes \_ no | | | | | | | |
| 2.1.8. Signature of the spouse (cohabiting partner): | | | | | | | |
| 2.2. Child's name (birth name too): | | | | | | | |
| 2.2.1. Birth name of child: | | | | | | | |
| 2.2.2. Place and date of birth: | | | | | | | |
| 2.2.3. Mother's birth name: | | | | | | | |
| 2.2.4. Occupation: | | | | | | | |
| 2.2.5. Entrepreneur: \_ yes \_ no | | | | | | | |
| 2.1.6. Having a business as: | | | | | | | |
| 2.1.7. He/she was not required to make his declaration of taxes and its simplified declaration of taxes: \_ yes \_ no | | | | | | | |
| 2.2.8. Signature of the child (of the legal representative): | | | | | | | |
| 2.3. Child's name (birth name too): | | | | | | | |
| 2.3.1. Birth name of child: | | | | | | | |
| 2.3.2. Place and date of birth: | | | | | | | |
| 2.3.3. Mother's birth name: | | | | | | | |
| 2.3.4. Occupation: | | | | | | | |
| 2.3.5. Entrepreneur: \_ yes \_ no | | | | | | | |
| 2.3.6. Having a business as: | | | | | | | |
| 2.3.7. He/she was not required to make his declaration of taxes and its simplified declaration of taxes: \_ yes \_ no | | | | | | | |
| 2.3.8. Signature of the child (of the legal representative): | | | | | | | |
|  | | | | | | | |
| 2.4. Name of other relative | | | | | | | |
| 2.4.1. Birth name of other relative: | | | | | | | |
| 2.4.2. Place and date of birth: | | | | | | | |
| 2.4.3. Mother's birth name: | | | | | | | |
| 2.4.4. Occupation: | | | | | | | |
| 2.4.5. Entrepreneur: \_ yes \_ no | | | | | | | |
| 2.4.6. Having a business as: | | | | | | | |
| 2.4.7. He/she was not required to make his declaration of taxes and its simplified declaration of taxes: \_ yes \_ no | | | | | | | |
| 2.3.8. Signature of other relative | | | | | | | |
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| **3. Applicant's income** | | | | | | | |
|  | | | | | | | |
| 3.1.1. Name of employer: | | | | | | | |
| 3.1.2. Employer's address: | | | | | | | |
| 3.1.3. Monthly net work-income paid by employer: | | | | | | | |
| 3.2. Overall monthly net income of the applicant: | | | | | | | |
| **4. Income of those living in a joint household with the applicant** | | | | | | | |
| 4.1. Employer of spouse, partner: | | | | | | | |
| 4.1.1. Name of employer: | | | | | | | |
| 4.1.2. Employer's address: | | | | | | | |
| 4.1.3. Monthly net work-income paid by employer: | | | | | | | |
| 4.1.4. Overall monthly net income of spouse, partner: | | | | | | | |
| 4.1.5. Signature of the spouse (cohabiting partner): | | | | | | | |
| 4.2. Employer of child: | | | | | | | |
| 4.2.1. Name of employer: | | | | | | | |
| 4.2.2. Employer's address: | | | | | | | |
| 4.2.3. Monthly net work-income paid by employer: | | | | | | | |
| 4.2.4. Overall monthly net income of child: | | | | | | | |
| 4.2.5. Signature of the child (of the legal representative): | | | | | | | |
| 4.3. Employer of child: | | | | | | | |
| 4.3.1. Name of employer: | | | | | | | |
| 4.3.2. Employer's address: | | | | | | | |
| 4.3.3. Monthly net work-income paid by employer: | | | | | | | |
| 4.3.4. Overall monthly net income of child: | | | | | | | |
| 4.3.5. Signature of the child (of the legal representative): | | | | | | | |
| 4.4. Employer of other relative: | | | | | | | |
| 4.4.1. Name of employer: | | | | | | | |
| 4.4.2. Employer's address: | | | | | | | |
| 4.4.3. Monthly net work-income paid by employer: | | | | | | | |
| 4.4.4. Overall monthly net income of other relative: | | | | | | | |
| 4.4.5. Signature of the other relative (of the legal representative): | | | | | | | |
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| **5. Applicant's income that can be taken into account**  *(The departmental or capital judicial service fills it, except the 2nd point)* | | | | | | | |
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| 5.1. Total monthly net income of the applicant and of people living in a common household: | | | | | | | |
| 5.2. Amounts deductible from total monthly net income, support payments or annuity:  5.2.1. Sum of support payments or annuity:  5.2.2. Name of pensioner:  5.2.3. Name of the authority awarding the pension and the number of the judgment:  5.2.4. | | | | | | | |
| 5.3. Amounts deductible from total monthly net income, home loan:  5.3.1. Sum of monthly installment of home loan:  5.3.2. Disbursing credit bank  5.3.2.1. Name of credit bank:  5.3.2.2. Address of credit bank: | | | | | | | |
| 5.4. Rest of money after deductions: | | | | | | | |
| 5.5. Overall number of people living in the common household: | | | | | | | |
| 5.6. Monthly net income for a person: | | | | | | | |
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| **6. Property situation of the applicant** | | | | | | | |
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| 6.1. Data of residential real estate in his/her property  6.1.1. address or cadastral number:  6.1.2. land use designation:  6.1.3. share:  6.1.4. area:  6.1.5. charges: | | | | | | | |
| 6.2. Data of other real estate in his/her property  6.2.1. address or cadastral number:  6.2.2. land use designation:  6.2.3. share:  6.2.4. area:  6.2.5. charges: | | | | | | | |
| 6.3. Banking account  6.3.1. Data of banking institution  6.3.1.1.Name of banking institution:  6.3.1.2. Address of banking institution:  6.3.2.Balance of account: | | | | | | | |
| 6.4. Motor vehicle  6.4.1.type:  6.4.2. registration number:  6.4.3. year:  6.4.4. estimated value: | | | | | | | |
| 6.5. Other assets  6.5.1. type of asset:  6.5.2. estimated value of asset: | | | | | | | |
| **7. Other reasonable circumstances:** | | | | | | | |
| **8. Data of the support requested** | | | | | | | |
| **8.1. Legal aid in out of court cases** | | | | | | | |
| **8.1.1. Providing information, and legal advice** | | | | | | | |
| 8.1.1.1. Szolgáltatás alapjául szolgáló eljárás vagy körülmény | | | 8.1.1.1.1. Name: | | | | |
| 8.1.1.1.2. Subject: | | | | |
| 8.1.1.1.3. Short description: | | | | |
| 8.1.1.2. On what question do you request the legal aid? | | | | | | | |
| **8.1.2. Drafting a document** | | | | | | | |
| 8.1.2.1. Type of the document: | | | | | | | |
| 8.1.2.2. Legal dispute concerned by the document | | | 8.1.2.2.1. Name: | | | | |
| 8.1.2.2.2. Subject: | | | | |
| 8.1.2.2.3. Short description: | | | | |
| 8.1.2.2.4. Court or authority concerned: | | | | |
| 8.1.2.2.5. Party concerned: | | | | |
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| **8.2. Representation in courts by the protector attorney in civil procedures** | | | | | | | |
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| **8.2.1. Civil lawsuit, graceful procedure (in what follows: lawsuit)** | | | | | | | |
| 8.2.1.1. The Court seized: | | | | | | | |
| 8.2.1.2. The trial  8.2.1.2.1. Trial number:  8.2.1.2.2. Subject: | | | | | 8.2.1.3. The trial has not yet started: \_ yes, \_ no | | |
| 8.2.1.4. The client has already received help in this case \_ yes, \_ no | | | | | | | |
| 8.2.1.5. Client’s litigation status:  (The client is \_ plaintiff \_ defendant \_ intervener \_ who requests execution \_ who requests execution, if he had a protective lawyer in the previous trial) | | | | | | | |
| 8.2.1.6. Opponent | 8.2.1.6.1. Name of opponent: | | | | | | |
| 8.2.1.6.2. Address of opponent: | | | | | | |
| 8.2.1.7. The court authorized an exemption which includes the costs of the protective lawyer | | | | | | | |
| 8.2.1.8. The trial is free of charge by subject: \_ yes, \_ no | | | | | | | |
| 8.2.1.9. In which part of the procedure the client ask for help: | | | | | | | |
| 8.2.1.10. Other: | | | | | | | |
| **8.2.2. Criminal procedure** | | | | | | | |
| 8.2.2.1. Proceedings court, prosecutor's office, investigating authority: | | | | | | | |
| 8.2.2.2. The criminal case: | | | | 8.2.2.2.1. Procedure’s number: | | | |
| 8.2.2.2.2. Subject: | | | |
| 8.2.2.3. The client has already received help in this case \_ yes, \_ no | | | | | | | |
| 8.2.2.4. Client’s litigation status: | | | | | | | |
| 8.2.2.5. In which part of the procedure the client ask for help: | | | | | | | |
| 8.2.2.6. The exact name of the support requested: | | | | | | | |
| **9. List of attachments** | | | | | | | |
| 1. ..................................................................................................................................................................... ..................................................................................................................................................................... | | | | | | | |
| 2. ..................................................................................................................................................................... ..................................................................................................................................................................... | | | | | | | |
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| 7. .......................................................................................................................................................................................................................................................................................................................................... | | | | | | | |
| **10. Communicated**  10.1. Being aware of my criminal responsibility, I declare that the declarations made by me are true. I exempt the protective lawyer from his obligation of reserve in relation to legal aid, in the procedure carried out by the Legal Aid Service, concerning the authorization of aid and the establishment of the costs of the lawyer protective.  10.2. Other | | | | | | | |
| **11. Information**  **11.1. The applicant is not obligated to provide the data referred in paragraphs 1.9., 6.1., 6.2. és 6.5.** | | | | | | |
| .........................................., ........... Year ............................................ Month .......... Day.    ........................................  Signature of Applicant | | | | | | |