

Form approved by
Order No 1R-124 of 27 April 2005
of the Minister of Justice
(recast of Order No 1R-301 of 27 December 2013
of the Minister of Justice)

(full name/surname)

To _____ state-guaranteed legal aid service

**APPLICATION
FOR THE PROVISION OF SECONDARY LEGAL AID**

_____ 20 ____

I hereby request to provide me with secondary legal aid (please tick one box):

- in administrative proceedings
- in administrative offences' proceeding
- in criminal proceedings
- in civil proceedings

Secondary legal aid shall mean drafting of documents, defence and representation in court, including the process of execution, representation in the event of preliminary extrajudicial consideration of a dispute, where such a procedure has been laid down by laws or by a court decision. This legal aid shall also cover the litigation costs incurred in civil proceedings, the costs incurred in administrative proceedings and the costs related to the hearing of a civil action brought in a criminal case (Article 2(3) of the Law on State-Guaranteed Legal Aid of the Republic of Lithuania (*Official Gazette*, 2000, No 30-827; 2013, No 54-2675)).

Summary of the application for the provision of secondary legal aid in principle (please specify the claim (e.g. I intend to apply to the court regarding the maintenance of a minor (full name) which is to be paid by a child's father (full name), legal aid is required only with respect to exemption from the litigation costs) and claim-related circumstances):

Information on a case where secondary legal aid is required (if available):

File reference: _____
Place of the hearing: _____
Date of the hearing: _____
Time of the hearing: _____

In the previous stage of the proceedings secondary legal aid was (please tick one box):

not provided

provided, secondary legal aid was provided by a lawyer (if known): _____
(full name of the lawyer)

I hereby provide the following personal data:

Personal Identity No _____

Nationality _____

Declared place of residence, _____
telephone number, e-mail _____

Domicile, _____
telephone number, e-mail _____
(to be filled out if the domicile differs from the declared place of residence) _____

I hereby provide the following data on my marital status, spouse, children and other co-residing dependants (to be filled out if the annual income and property declaration to receive secondary legal aid is submitted together with this application):

- Marital status (please tick one box)
- married
 - single
 - divorced
 - widower/widow

Spouse _____
(full name, place of residence) _____

Co-residing children (adopted children) under 18 maintained by me: _____
(name, surname, personal identity No or date of birth, place of residence) _____

Unemployed single children (adopted children) between 18 and 24 who do not reside with another person, studying full-time in schools of general education and formal education establishments, as well as persons from the date of graduation from full time schools of general education till 1 September of the same year: _____
(name, surname, personal identity No or date of birth) _____

Other co-residing persons maintained _____

by me:

(name, surname, personal identity No, sibling level, reason for unemployment, place of residence)

I hereby provide the following additional data:

Circumstances entitling to receive secondary legal aid

I hereby enclose this document

(please tick a box/boxes)

I cannot adequately assert my violated or disputed rights and the interests protected under law due to the poor financial situation (assessed taking account of the property and income levels established by the Government of the Republic of Lithuania for the provision of legal aid).

Annual income and property declaration to receive secondary legal aid.

I am the aggrieved party in the case concerning compensation for the damage incurred through criminal actions.

A decision of a pre-trial investigation officer, prosecutor or by a court ruling whereby I am recognised the aggrieved party and/or by a court judgement

I am a recipient of a social allowance.

A certificate confirming that I am the recipient of a social allowance.¹

I am maintained by the State in the stationary care institution.

A certificate issued by the head of a stationary care institution or by a person authorised by him and confirming that I am maintained by the State in the stationary care institution.

I have been established a severe disability or my incapacity for work has been recognised.

A disability certificate confirming the level of disability or incapacity for work.

I am of age eligible for the old-age pension and I have been established a high level of special needs.

A disability certificate confirming the level of disability, incapacity for work or special needs.

I am a guardian/caretaker of a person who has been established a severe disability or for whom incapacity for work has been recognised or who is of age eligible for the old-age pension and who has been established a high level of special needs, and legal aid is required to represent and assert the right and interests of my ward.

A disability certificate confirming the level of disability, incapacity for work or special needs established for my ward.

I cannot dispose of my property and funds for objective reasons and for these reasons, my property and annual income which I can freely dispose of do not exceed the property and income levels established by the Government of the Republic of Lithuania for

A property seizure act and/or other documents certifying the objective reasons for which I cannot dispose of my property and funds as well as the annual income and property declaration to receive secondary legal aid.¹

¹ To be provided only in the events where the state-guaranteed legal aid service is not able to receive the required information by means of state registers and other state and municipal information systems.

the provision of legal aid.

I suffer from a serious mental disorder.	A certificate issued by a health care institution and confirming that I suffer from a serious mental disorder.	<input type="checkbox"/>
I am a guardian/caretaker of a person who suffers from a serious mental disorder.	A certificate issued by a health care institution and confirming that my ward suffers from a serious mental disorder.	<input type="checkbox"/>
I am a debtor in the execution process and I have been ordered to recover the costs from the last housing where I reside.	Documents certifying the announcement of the auction where my last housing is subject to selling.	<input type="checkbox"/>
I am a representative of a minor under the law and the issue of resettlement of a minor is resolved.	Documents certifying the proceedings on the resettlement of my family with minors.	<input type="checkbox"/>
I am a minor who has not entered the marriage and my full legal capacity (emancipation) has not been recognised by the court.	Documents certifying my age.	<input type="checkbox"/>
I am a person who is requested to be recognised as incapacitated in the case on the recognition of legal incapacity to a natural person.	Documents certifying the proceedings brought with regard to the recognition of legal incapacity to a natural person.	<input type="checkbox"/>
I have been recognised as incapacitated and legal aid is required in the case on care.	Documents certifying the proceedings brought with regard to the recognition of legal incapacity to a natural person and his care.	<input type="checkbox"/>
I have been recognised as incapacitated and legal aid is required in the case on the recognition of capacity or limited capacity to a natural person.	Documents certifying the proceedings brought with regard to the recognition of legal capacity or limited legal capacity to a natural person who has been recognised as incapacitated.	<input type="checkbox"/>
I apply regarding the birth registration.	The conclusion of the Civil Registry Division regarding the refusal to register the birth or restore the birth entry.	<input type="checkbox"/>
Legal aid is required in a case regarding the return of a child who has been illegally removed or retained in accordance with the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction.	A document confirming that the application for the return of a child who has been illegally removed or retained according to the Hague Convention has been accepted by the central institution and the child who has been illegally removed or retained has not been returned, including a copy of the document.	<input type="checkbox"/>
I am a person whose right to legal aid is established in the international treaties of the Republic of Lithuania.	Documents indicated in the international treaties of the Republic of Lithuania.	<input type="checkbox"/>

Legal expenses insurance (please tick one box):

I am not insured

I am insured and enclose a copy of the contract regarding the legal expenses insurance herein.

If pursuant to Article 14 of the Law on State-Guaranteed Legal Aid of the Republic of Lithuania 50 or 25 per cent of the secondary legal aid costs is guaranteed and paid by the State, I will pay the remaining portion of the secondary legal aid costs (50 or 75 per cent, respectively) (please tick one box):

disagree

agree

Information on the possible preliminary amount of the costs was (please tick one box):

not provided

provided by a specialist providing primary legal aid _____
(applicant's signature)

provided on the website www.teisinepagalba.lt _____
(applicant's signature)

other (please specify) _____
(applicant's signature)

I hereby suggest (request) that secondary legal aid is provided by _____
and enclose (full name of the lawyer)

a written lawyer's consent regarding the representation in a specific case (if a lawyer is not included in the lists of lawyers providing secondary legal aid).

Other circumstances which may be significant for the provision secondary legal aid:

I hereby enclose the following documents certifying my right to secondary legal aid (a copy of a document certifying personal identity, a document (copy) certifying circumstances entitling to receive secondary legal aid and documents (copies) substantiating my claim, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.

I have been informed that the data received from the public and municipal authorities, state registers, other information systems of the public and municipal authorities, natural or legal entities in compliance with the procedure laid down in the laws of the Republic of Lithuania and contained in this application and documents enclosed herein may be handled with the purpose of the provision of secondary legal aid.

I hereby confirm that the data indicated herein are comprehensive and correct.

(applicant's signature)

(full name of the applicant)

A person providing state-guaranteed legal aid assisted in filling out or filled out this application:

(name, surname, tel. No, e-mail)

(position)

(signature)
