To the Director of

_____

_____

(name of the local free secondary legal aid center)

_____

(surname, name and patronymic of the director)

_____

(surname, name and patronymic of the applicant/representative)

_____

_____

(contact telephone number, actual place of residence of applicant / legal representative, representative)

_____

_____

(data of the identity document of the applicant/ legal representative, representative)

Application for free secondary legal aid

I, _____

(surname, name and patronymic of the applicant) *

ask to provide me with free secondary legal aid on the issue of _____
_____
_____
_____
_____
_____.

(brief description of the substance of the issue and type of free legal aid)

I certify that at the time of this application I have no other revenues (in the last six months), except for those mentioned in documents (certificates) submitted.

I am notified about the obligation to reimburse the actual expenses related to the provision of free secondary legal aid in case of establishing the fact of submission of untrue information or false documents which became the reason for placing me in the category of persons entitled to free secondary legal aid and making a decision to provide me with a free secondary legal aid.

«___» _____ 20__

_____

(*surname, name and patronymic, signature of applicant/representative)*

* If the legal representative or representative applies, the application shall contain the information on surname, name and patronymic of the person on whose behalf the legal representative or representative applies, as well as the document confirming the power of person to act as representative (except when legal representatives are parents (adoptive parents).