Republic of Latvia

Cabinet
Regulation No. 733
Adopted 27 September 2011

Regulations Regarding the Sample Form of the Application Regarding the Request of State Ensured Legal Aid and Income by a Foreigner to be Removed

Issued pursuant to
Section 50.2, Paragraph two of the Immigration Law

1. This Regulation prescribes the sample form (Annex) of the submission of a foreigner to be removed for request for State ensured legal aid and income.

2. The text of the sample form of the submission of a foreigner to be removed for request for State ensured legal aid and income alongside with the Latvian language may also be available in English, French, Russian or Spanish.

3. This Regulation shall come into force on 23 December 2011.

Prime Minister
V. Dombrovskis

Minister for Justice, Acting for the Minister for the Interior
A. Štokenbergs
Application
Regarding the Request of State Ensured Legal Aid and Income by a Foreigner to be Removed

(Complete the form in block letters)

1. Personal data

Person who wishes to receive State ensured legal aid:

Given name, surname

Date of birth

Gender: male [ ] female [ ]

Nationality

Personal identity number or identification number (if any) granted by the State

Contact details (telephone number, e-mail, fax)

Address of the place of residence

Language spoken

Mark, if you are:
[ ] a foreigner, who resides in the Republic of Latvia and regarding whom a decision has been taken on the contested voluntary return decision
[ ] a foreigner, who resides in the Republic of Latvia and regarding whom a decision has been taken on the contested removal order

Personal identification document:

Type of the document (passport or other identity document)

Date of the issuance

Document number (series)

Issued by (state, institution)

The term of validity of the document

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Representative of the person who wishes to receive State ensured legal aid:
(if the person exercises his/her rights through a representative)

Given name, surname
Date of birth ____________
dd/mm/yyyy
Gender: male [ ] female [ ]
Personal identity number or identification number (if any) granted by the State ____________

Contact details ________________________________________________________________
(telephone number, e-mail, fax)
Location
Language spoken ________________________________________________________________

Mark, if you are:

[ ] legal representative (guardian, trustee)
[ ] authorised person
[ ] other ____________

Representation grounds _________________________________________________________

Information on income and property status:

1) the average income of the previous three months before the date of submission for legal aid:
amount __________________________ currency __________________________

2) property status (specify what movable and immovable property is owned)

3) dependant persons

4) other information

_____________________________________________________________________________

2. Information on the issue, which requires State ensured legal aid:

for appeal of ___.___.____ decision No.__ on contested voluntary return decision
dd/mm/yyyy

for appeal of ___.___.____ decision No.__ on contested removal order
dd/mm/yyyy

Circumstances that shall be taken into account:

1) the date and time for a court hearing has been set __________________________

2) the deadline for submission of an appeal of the court adjudication has been set _________

3) other circumstances __________________________
The decision to grant State ensured legal aid or to refuse to grant State ensured legal aid (mark the appropriate):

[ ] send by post ____________________________________________ (specify the address)

[ ] send electronically ____________________________________________ (specify the e-mail address*)

[ ] other means for communicating the decision ____________________________________________

The following documents have been attached to the application:

<table>
<thead>
<tr>
<th>Copies of the documents have been submitted</th>
<th>Originals of the documents have been submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ] 1. ____________________________________________</td>
<td>[ ] [ ] 2. ____________________________________________</td>
</tr>
<tr>
<td>[ ] [ ] 3. ____________________________________________</td>
<td>[ ] [ ] 4. ____________________________________________</td>
</tr>
</tbody>
</table>

I hereby declare that the provided information is true and complete, and undertake to notify the Legal Aid Administration regarding any changes in the information abovementioned in an application immediately, but no later than within a period of seven days after learning thereof.

I agree that the Legal Aid Administration will carry out processing of personal data required for the execution of the tasks related to the provision of State ensured legal aid and its improvement, including transferring of the information to the provision of State ensured legal aid, and also to persons who need such information to carry out research in accordance with the requirements of the laws and regulations governing personal data protection.

I am informed that the expenditure related to the provision of State ensured legal aid may be recovered from me in full amount, if the Legal Aid Administration establishes recovery cases set out in the State Ensured Legal Aid Law (for example, false or incomplete information has been provided which served as the basis for receiving State ensured legal aid or State ensured legal aid has been received unduly).

Date** ___________________________ Signature** ___________________________

Notes.
1. * The document will be sent using a secure electronic signature.
2. ** The details of the document “date” and “signature” shall not be completed if the electronic document has been prepared in accordance with the laws and regulations regarding the drawing up of electronic documents.

Minister for Justice, Acting for the Minister for the Interior

A. Štokebergs