



Annex 2

Application for Legal Aid

Instructions
<ul style="list-style-type: none"> - Use this form to apply for legal aid for protection against domestic abuse pursuant to Domestic Violence Prevention Act (3/2012) - For inquiries relating to this form please feel free to contact Family Protection Authority on 3010551 by telephone.

1. Details of the victim

Full name:	Present address:
Phone number:	Email address:
Sex:	

2. Type of abuse

Please tick as appropriate		
(1) <input type="checkbox"/> Physical abuse (2) <input type="checkbox"/> Sexual abuse (3) <input type="checkbox"/> Verbal and psychological abuse (4) <input type="checkbox"/> Imposition of financial or economical restriction (5) <input type="checkbox"/> Impregnating the wife, without concern for her health condition and against the advice if a medical doctor to refrain from impregnation for a specific period of time (6) <input type="checkbox"/> Impregnating a woman without her consent, while she is	(10) <input type="checkbox"/> stalking (11) <input type="checkbox"/> destruction of property (12) <input type="checkbox"/> entry into, and being present thereafter at the residence of the victim of domestic violence without consent, in cases where the parties do not share the same residence (13) <input type="checkbox"/> any other act which may be perceived as an act of violence, or one of asserting control over the victim of domestic violence (14) <input type="checkbox"/> coercing, intimidating or forcing a person to do something which a person would not have done or	(15) <input type="checkbox"/> confining the victim to a place or restricting their movement against their will (16) <input type="checkbox"/> attempting to commit any of the aforementioned acts, or causing apprehension of fear in a person that such an act may be committed (17) <input type="checkbox"/> causing a child to witness or hear an act of domestic violence or presenting or placing a child in such a situation where the child may witness or hear an act of domestic violence



trying to get out of an abusive relationship (7) <input type="checkbox"/> Deliberately withholding property of a person (8) <input type="checkbox"/> Intimidation (9) <input type="checkbox"/> Harassment	would not have wanted to do with their own volition	
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3. Description of the abuse

If the matter is deemed to require immediate, urgent response, you may provide additional details of the abuse here.

4. The current situation of the victim

Relationship with the perpetrator		
Does the victim dwell in the perpetrator's home?		
Number of children below 18 years of age	Male:	Female:
Number of children with special needs	Male:	Female:
Number of people under victim's legal guardianship		
If the victim has a permanent job, specify victim's occupation		
If self-employed or employed on wage-basis, specify the type of work.		



5. Victim's monthly income and expenditure

Details	Amount
Average monthly income (income from all sources)	
The normal variation between highest and lowest income (being the difference between the highest and lowest monthly incomes)	
Monthly non-discretionary expenditure including rent, utilities, school fees of children and other such necessary expenses.	

6. Declaration

I declare that the information provided in this form is true.	
Name:	Signature:

Documents to be attached with the form
<ol style="list-style-type: none"> 1. A copy of the national identity of the victim seeking legal aid 2. Copies of the national identity of children under 18 years of age, if any. 3. If any matter relating to the case has been reported to any other agency, copies of the documents submitted there.

Note: The applications will be assessed with reference to the criteria for determining eligibility for legal aid before legal aid will be granted.

