

Statement Concerning the Personal and Financial Status

- Enclosure to Request for Allocation of Legal Aid;
necessary vouchers have to be attached. -

File Number of Court

A Legal Aid is requested by (Last Name, First Name, MI, Name at Birth, if applicable): Occupation, gainful employment Date of Birth Marital Status

Address (Street, House Number, Zip Code, Residence) Daytime Telephone Number

Requesting party is legally represented by (Last Name, First Name, MI, Address, Telephone Number):

B Does a Legal Protection Insurance or another Agency or Person (e. g. trade union, employer, tenant's association) pay the costs of your Lawsuit?

No Yes, in full Yes, in the amount of

C Do you receive Maintenance Contributions (e. g. maintenance payments, subsistence within the household of the parents; contributions from a partner in marriage-like community)?

No Yes, from parents/Father/Mother (Please enter information regarding their status on a duplicate of this form - see instructions) Yes, from separately living/divorced spouse Yes, from another person

D Next of Kin, whom you support

	Last Name, First Name (address only if it differs from yours)	Date of birth	Family Relationship (e. g. spouse, child, mother-in-law)	If you furnish maintenance exclusively by making payments: Monthly amount in EUR/\$	Do the next of kin have income of their own? (e. g. training reimbursement; maintenance payments from other parent)
1					No <input type="checkbox"/> Yes, (EUR/\$) net, p. m. <input type="checkbox"/>
2					No <input type="checkbox"/> Yes, (EUR/\$) net, p. m. <input type="checkbox"/>
3					No <input type="checkbox"/> Yes, (EUR/\$) net, p. m. <input type="checkbox"/>
4					No <input type="checkbox"/> Yes, (EUR/\$) net, p. m. <input type="checkbox"/>
5					No <input type="checkbox"/> Yes, (EUR/\$) net, p. m. <input type="checkbox"/>

If you draw regular contributions to your subsistence on the basis of Federal Laws on Public Assistance and enclose the latest Notification of the Social Welfare Office, information pertaining to D thru F is unnecessary, as long as the Court does not rule differently.

E Gross Income

Please do consider: The necessary vouchers (e. g. pay vouchers from the place of work) must be enclosed.	Do you draw an income from		Does your spouse draw an income from	
	No <input type="checkbox"/>	Yes, EUR/\$ per month gross <input type="checkbox"/>	No <input type="checkbox"/>	Yes, EUR/\$ per month gross <input type="checkbox"/>
non-self-employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
self-employed work/business enterprises/agriculture/forestry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leasing and letting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other earnings (to include non-recurring or irregular ones)?	<input type="checkbox"/>	<input type="checkbox"/> to wit: EUR/\$, gross	<input type="checkbox"/>	<input type="checkbox"/> to wit: EUR/\$, gross
		EUR/\$, gross		EUR/\$, gross
		EUR/\$, gross		EUR/\$, gross

Please specify the kind and duration e.g. monthly annuity, monthly old age benefits, annual Christmas/vacations bonus, monthly unemployment benefits, monthly unemployment aid, monthly training aid, monthly sick benefits

If all questions pertaining to the earnings are being answered in the negative: What is the reason? How do you defray the costs of your subsistence?

F Deductions

Please specify: 1 Tax on wages 2 Compulsory dues 3 Life insurance 4 Ride to work, ... miles one way	What deductions do you have?		What deductions does your spouse have?	
		EUR/\$ per month		EUR/\$ per month
	1 Taxes		1 Taxes	
	2 Social insurance contributions		2 Social insurance contributions	
	3 Other insurances		3 Other insurances	
	4 Professional outlay, operating expenses		4 Professional outlay, operating expenses	

Necessary vouchers must be attached.

G

Do assets exist?	A B or C	Please specify in this column in capital letters who the item belongs to: A = mine alone B = my spouse's alone C = jointly my spouse's and mine	Market value Amount of assets Amount in EUR/\$
Real estate? (e. g. building site, family home, dwelling property, heritable property rights) <input type="checkbox"/> No <input type="checkbox"/> Yes		Manner of utilization, location, size, land register specification, year ready for occupancy, unit and fire insurance value:	
Building loan accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes		Building society, anticipated or fixed date of disbursement, intended purpose:	
Bank, transfer bank, savings and similar accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes		Credit bank, kind of assets:	
Motor vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes		Type of vehicle, make, model, year of manufacture and purchase:	
Other assets, life insurance, securities, cash money, valuables, outstanding debts, accounts receivable? <input type="checkbox"/> No <input type="checkbox"/> Yes		Specification of items:	

H

Housing costs Statements have to be substantiated	Size of housing space, which you occupy with your dependants as specified in D	Size in square meters	Kind of heating (e. g. "central oil heating")					
			Rent w/o extra costs, EUR/\$ p. m.	Heating costs, EUR/\$ p. m.	other extra costs, EUR/\$ p. m.	Grand total, EUR/\$ p. m.	My share is EUR/\$ p. m.	Spouse pays EUR/\$ p. m.
If you use the space as a tenant or if you are using it in a similar manner								
If you use the space as owner, lessor, etc.								
Break down in detail the encumbrance from extraneous means (e. g. "...% interest, ...% amortization of savings bank loan..... for purchase of home; payments end ...")					Dept balance		My share is EUR/\$ p. m.	Spouse pays EUR/\$ p. m.

I

Other Liabilities	Please specify to whom, what for, since when payments are being made and when they end (e.g. "instalments for loan of the ... bank, dated ... , for purchase of automobile; end on ... ")	Dept balance	My share is EUR/\$ p. m.	Spouse pays EUR/\$ p. m.

J

As Special Encumbrance(s) I claim	Please justify special encumbrances (e.g. extra expenses for handicapped dependant). Expenses have to be substantiated.	My share is EUR/\$ p. m.	Spouse pays EUR/\$ p. m.

I do hereby certify that the foregoing information is complete and correct. I did receive the instruction manual pertaining to this printed form.

K

Quantity _____ vouchers are attached.
 Location, Date _____

Received by: _____
 Signature, Title _____

Signature of party, or person who legally represents him/her

Voucher No. _____