Designation, location and file no. of the court:

Declaration of personal and economic circumstances when applying for legal aid or procedural costs assistance

- Documents should be provided as copies and individually numbered -

Α	Person	ersonal information							
	Last name f	orename, any maiden name	Occupation, gainful employment			Date of b	airth 📥	Civil status	
	Lust Hamo, I	name, forename, any maiden name			on, gamur employment	Date of E		OIVII 30	atuo
	Addroop (atr	oot number nesteede situl			Doutimo	tol no			
	Address (Str	address (street, number, postcode, city) Daytime tel. no.							
_		sentative (if any): Last name, forena							
В	•	rotection insurance/	-		nerson (e.g. trade sid	on tenant	e, seevci	ation social	1
		on) pay the cost of pursuing y			person (e.g. trade	Jii, teriant	3 433001	ation, social	Doc. no.
	☐ No	☐ Yes:							
		In what amount? If the full costs	s are naid by an ir	neurance comp	any or other hady/nerson le	gal aid or n	rocedural o	nete aesistanca	
	2 If note [cannot be granted, so that it is no	ot necessary to ans	wer the remaini	ng questions.				
	2. <u>If not:</u> Do you have legal protection insurance or are you a member of an association/organisation (e.g. trade union, tenants' association, social association) which could pay the costs the proceedings which you intend to pursue or which could provide counsel?							to pursue or	Doc. no.
	☐ No	☐ Yes:		•					
		State the name of the insurance company/association/organsation. Where possible ascertain in advance whether the costs will be met. Please enclose with the application any documents you may already have concerning (partial) rejection by the insurance							
С	Mainter	nance claim towards	other perso	s					
		by you have relatives who are obliged to pay maint, ance to you (even if no actual payments are made)? e.g. mother, ther, spouse/civil partner							Doc. no.
	□No	☐ Yes:							
		Name of the party obliged to pr circumstances if these are not alr				s form his/h	er personal	I and economic	
D	Relative	es to whom you par	naintenanc	e in cash	or through mate	rial ben	efits		
	Last name	, forename, address		Relationsh	Monthly amount in	Do these	relatives h	nave income	Doc. no.
	(if different	than yours)		ip (e.g. spouse, child, mother)	Euros if you only provide maintenance through payment	allowance,	wn? e.g. tra maintenand her parent,	ce payment	
	1	_		,					
						No	Yes:	net Euros per month	
	2								
						No	Yes:	net Euros per month	
	3					□ No	☐ Yes:	net Euros per month	
	4					□ No	☐ Yes:	net Euros per month	
	5					□ No	☐ Yes:	net Euros per	

If you receive regular payments for subsistence in accordance with the Twelfth Book of the Social Code (social assistance) and enclose the complete most recent notice including the calculation form, you do preced to complete Parts E to J unless the court orders you to do so.

Gross income Copies of documents (e.g. wage certificate, tax notice, approval notice with calculation form) must be enclosed.									
1. Do you have income from the following (please state the gross monthly amounts in Euros)									
			Doc. no.					Doc. r	
Employment?	□ No	Yes: gross Euros per month		Maintenance?	□ No	Yes:	gross Euros per month		
Self-employed work/trade/agriculture and forestry?	□ No	Yes: gross Euros per month		Annuity/pension?	□ No	s:	gross Euros per month		
Letting and leasing?	□ No	Yes: gross Euros per		Unemployment benefit?	□ No	Yes:	gross Euros per month		
Capital assets?	□ No	Yes: gross Euros per		Unemployment benefit II?	I .6	☐ Yes:	gross Euros per month		
Child benefit/child allowance?	□ No	Yes: gross Euros per		Sick pay?	No	Yes:	gross Euros per		
Housing benefit?	□ No	Yes: gross Euros per		Parental allow- ance?	□ No	Yes:	gross Euros per		
2. Do you have other income? including lump-sum or irregular income If so, please state the nature and period of receipt and the amount e.g. annual Christmas/holiday bonus, annual tax refund, monthly educational assistance (BAföG)						☐ Yes		Doc.	
					gross Euro	S			
				•					
			•		27000 Furn	_			
					gross Euro				
3. Does your spouse/c	ivil partner	have income from t	he folk ving	g (please state the gross me				Doc.	
3. Does your spouse/c Employment?	civil partner	Yes: gross Euros p	1	g (please state the gross medium) Maintenance?			gross Euros per	Doc.	
		U	1		onthly amounts i	in Euros)	month gross Euros per	Doc.	
Employment? Self-employed work/trade/agriculture	No	Yes: gross Euros per month Yes: Euros per th	1	Maintenance?	onthly amounts i	rin Euros)	gross Euros per month	Doc.	
Employment? Self-employed work/trade/agriculture and forestry?	No No	Yes: gross Euros per month Yes: Euros per month Yes: gross Euros per month	1	Maintenance? Annuity/pension? Unemployment	onthly amounts i	Yes:	gross Euros per month gross Euros per month gross Euros per month	Doc.	
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing?	No No No	Yes: gross Euros per month Yes: Euros per sth Yes: gross Euros per month Yes: gross Euros per month Yes: gross Euros per month	1	Maintenance? Annuity/pension? Unemployment benefit? Unemployment	onthly amounts i	Yes:	gross Euros per month gross Euros per month gross Euros per month gross Euros per	Doc.	
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing? Capital assets? Child benefit/child	No No No	Yes: gross Euros per month Yes: gross Euros per gross Euros per month	1	Maintenance? Annuity/pension? Unemployment benefit? Unemployment benefit II?	onthly amounts i	Yes: Yes: Yes:	gross Euros per month gross Euros per month gross Euros per month gross Euros per month gross Euros per month	Doc.	
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing? Capital assets? Child benefit/child allowance? Housing benefit?	No No No No No No	Yes: gross Euros per month	Doc. no.	Maintenance? Annuity/pension? Unemployment benefit? Unemployment benefit II? Sick pay? Parental allowance?	onthly amounts i	res:	gross Euros per month gross Euros per month gross Euros per month gross Euros per month	Doc.	
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing? Capital assets? Child benefit/child allowance? Housing benefit? 4. Does your spouse/sif so, please state to respect to the self-trade to t	No N	Yes: gross Euros per month	Doc. no.	Maintenance? Annuity/pension? Unemployment benefit? Unemployment benefit II? Sick pay? Parental allowance?	onthly amounts i	res:	gross Euros per month gross Euros per month gross Euros per month gross Euros per month gross Euros per month		
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing? Capital assets? Child benefit/child allowance? Housing benefit? 4. Does your spouse/sif so, please state to respect to the self-trade to t	No N	Yes: gross Euros per month One of per month Period of receipt and	Doc. no.	Maintenance? Annuity/pension? Unemployment benefit? Unemployment benefit II? Sick pay? Parental allowance?	onthly amounts i	Yes: Yes: Yes: Yes: Yes: Yes:	gross Euros per month gross Euros per month gross Euros per month gross Euros per month gross Euros per month		
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing? Capital assets? Child benefit/child allowance? Housing benefit? 4. Does your spouse/sif so, please state to respect to the self-trade to t	No N	Yes: gross Euros per month One of per month Period of receipt and	Doc. no.	Maintenance? Annuity/pension? Unemployment benefit? Unemployment benefit II? Sick pay? Parental allowance?	onthly amounts i	Yes: Yes: Yes: Yes: Yes: Yes: Yes: Yes:	gross Euros per month gross Euros per month gross Euros per month gross Euros per month gross Euros per month		
Employment? Self-employed work/trade/agriculture and forestry? Letting and leasing? Capital assets? Child benefit/child allowance? Housing benefit? 4. Does your spouse/sif so, please state to respect to the self-trade to t	No N	Yes: gross Euros per month One of per month Period of receipt and	Doc. no.	Maintenance? Annuity/pension? Unemployment benefit? Unemployment benefit II? Sick pay? Parental allowance?	onthly amounts i	Yes: Yes: Yes: Yes: Yes: Yes: Yes: Yes:	gross Euros per month gross Euros per month gross Euros per month gross Euros per month gross Euros per month	Doc.	

F	Deductions Please briefly describe the type of deduction (e.g. wage tax, obligatory contributions, life insurance). Copies of documents must be enclosed								enclosed.
	1. What deductions do you have?			Doc. no.	2. What deductions does your spouse/civil partner have?			Doc .	
	Taxes/solidarity levy			Euros per month		Taxes/solidarity levy		Euros per mo	
	Taxoo, oculaari	ny 107y		Euros per montr		raxes/conduity lovy		Euros per ma	
	Social insurance contributions			Euros per month		Social insurance contributions		E s per month	
	Other insurance			Euros per month		Other insurance		Euros per month	
	Travel to work (cost of public transport, or single distance if you travel by car)			Euros per month/km		Travel to work (cost of public trans oft, or distance if you travel by car)	single	Euros per month/km	
	Other income- expenditure	-related exp	enses/operational	Euros per month		Other income-related express/operational expenditure		Euros per month	
G		counts	/real estate/mot		e/each/			Luios per monur	
G			civil partner have alone		5/Ca511/	a 55615			
			urrent accounts, savi n on any accounts, even i			?			Doc. no.
		J				•			
	No	Yes:							
			Type of account, accou	nt held by, financia	al institution			nce in Euros	
	2. Real estate? e.g. land, house, owner-occupied apartment, le			ed apartment, leas	asehold				
	□ No	☐ Yes:			•				
			Size, address/land regis	stry designation, or	wned solely	or in co-ownership, no. of dwelling units	Euro	et value in s	
	3. Motor ve	I _					l		Doc. no.
	□ No	Yes:							
							mark	et value in	
	4. Cash or	Make, model, yez of m. 6? e.g. valuable jewellery,	anufacture, year p		Euros		Doc. no.		
		ПП	<u> </u>	, , , , , , , ,					
	No	Yes:							
			◆Amount of each in Euro	s designation of th	ho valuablo	s award salaly or in so awarship	mark Euro:	et value in	
	Amount of cash in Euros, designation of the valuables, owned solely or in co-ownership 5. Life or pension is surance policies?								Doc. no.
	No	Yes:							
	Insurance company, insured party accordance with the Income Tax Ad			sured party, date ome Tax Act whic	of the cor	ntract/ls it an additional old-age pension in oted by the State ("Riester Pension")?	surre Euro:	nder value in s	
	6. other assets? e.g. building society contracts, securities, holding					bles			Doc. no.
	No	☐ Yes:							
	110	7 00.							
			Designation owned sole	alv or in oo owner	chin		mark	et value in	

Н	Housing costs Copies of documents must be enclosed (e.g. tenancy agreement, heating costs account, bank statements)									
	Total size of the living s (please state in square metres)	pace in which you live alo	ne or together with other	rs:						
	2. No. of rooms:		3. Total no. of persons space:	living in the living						
	4. Are you using the space use? If so, please add the follow			□ No	☐ Yes	ı				
	Rent not incl. ancillary costs	Heating costs	other ancillary costs	Total	I myself pay from this amount:					
	5. Are you using the space If so, please add the following in		r leaseholder?	□ No	Yes					
	Interest and repayment	Heating costs	other ancillary costs	Total	I myself pay from this amount:					
	6. Precise, detailed informate.g. date of the loan agreement,	ation on the charges on bo	orrowed funds when usir	ng as (co)owner etc.	s (co)owner etc.					
					monthly interest and					
				remaining delth in Euro	repayment					
				remaining debt in Euro	monthly interest and repayment					
I	Other payment obli				copies of instalment loan e to be enclosed.	Doc. no.				
			remaining debt in Eur	total monthly burden	I myself pay from this amount:					
			remaining dest in Eur	total monthly burden	I myself pay from this					
			remaining debt in Euro	total monthly burden	amount:					
			remainit debt in Euro	total monthly burden	I myself pay from this amount:					
J	Special burdens Info disability/additional needs in acc	rmation must be documented, e ordance with section 21 of Book	e.g. additional expenditure for return the Social Code and section	relative with a physical disabil tion 30 of Book XII of the Soc	ity, stating the degree of ial Code	Doc. no.				
					I myself pay from this amount:					
					I myself pay from this					
					amount:					
K	I herewith affirm that read the information			is complete and t	rue. I have receive	ed and				
	I am aware that incomplete or incorrect information may cause legal aid or procedural costs assistance that has been granted to be withdrawn and criminal prosecution to be initiated. The court can request that I subsequently procede any missing documents and affirm my information in the form of an affidavit.									
	I am also aware that sam obliged during the court proceedings and within a period of four years from the time of the final ruling or other termination of the proceedings to inform the court of major improvements in my economic ircumstances or of a change of address promptly and without being requested to do									
	so. Any improvement of more than 100 Euro (gross) per month in regular income is to be notified if it is not only a lump sum. If deductions which have been asserted are reduced, I also have to notify them promptly at my initiative if the reduction in the burden occurs more than once and is more than 100 Euro per month of am aware that approval of legal aid or procedural costs assistance can be withdrawn in									
	per month I am aware that approval of legal aid or procedural costs assistance can be case of a violation of this obligation and that I will then have to subsequently pay the entire of									
	No. of documents enclose	d:								
				Recorded:	Recorded:					
	Place, date	Signature of the represents you	party or person who legally	Signature/official title						
	· · · · · · · · · · · · · · · · · · ·									