

FORM OF APPLICATION-CUM-AFFIDAVIT
SEEKING FREE LEGAL SERVICES

Application-cum-Affidavit Form for providing free legal services under Section 12 of Legal Services Authorities Act, 1987 read with Rule-16 of the Uttarakhand State Legal Services Authority Rules, 2006.

To,

The Member Secretary,
Uttarakhand State Legal Services Authority,
High Court Campus,
Nainital.

OR

The Registrar General/Secretary,
High Court Legal Services Committee,
Nainital.

OR

The District Judge/Chairman,
District Legal Services Authority,
District Court Compound,
District.....

OR

The Chairman,
Tehsil Legal Services Committee.
Tehsil.....
District.....

1. Particulars:-

(a) Name of applicant (with telephone number, if any)

.....

(b) Name of Father/Husband

.....

(c) Occupation

.....

(d) Full Correspondence Address

.....

(e) Detail of Annual Income (Attach Certificate/Affidavit)

.....

(f) Whether the applicant is -(i) A member of a Scheduled Caste or Scheduled Tribe (attach certificate);

Or

(ii) A victim of trafficking in human being or beggar as referred to in Article 23 of the Constitution;

Or

(iii) A Woman;

Or

(iv) A Child;

Or

(v) A Mentally ill or otherwise disabled person;

Or

(vi) A person under circumstances of undeserved want such as being a victim of a mass disaster, ethnic violence, caste atrocity, flood, drought, earthquake or industrial disaster;

Or

(vii) An Industrial workman;

Or

(viii) A person in custody, including custody in a protective home within the meaning of clause (g) of section 2 of the Immoral Traffic (Prevention) Act, 1956 or in a juvenile home within the meaning of clause (i) of section 2 of the Juvenile Justice Act, 1986; in psychiatric hospital or psychiatric nursing home within the meaning of clause (g) of section 2 of the Mental Health Act, 1987;

Or

(ix) In receipt of annual income from all sources less than rupees one lakh or such other higher amount as may be prescribed by the State Government, if the case is before a court other than the Supreme Court. (Attach Certificate/affidavit duly attested by Notary/Magistrate).

Or

(x) Ex-Serviceman (attach certificate)

2. Mode in which Legal Aid is required:

Whether:

(a) Through Legal Advice,

Or

(b) By way of engaging counsel to prosecute or defend a case,

Or

(c) Legal service through Mediation Centre.

3. Name and Address of the opposite party, with telephone number (if any)

.....
.....
.....

4. Brief facts of the case

.....
.....
.....
.....
.....
.....

NOTE : - Attach separate sheet of plain paper (if required).

5. Any other matter which the applicant may wish to highlight.

6. Affidavit:

I solemnly affirm and declare that the above mentioned facts are true and correct according to my own knowledge and belief and further that I have not concealed any fact therefrom.

I further solemnly affirm and declare that I have been made to understand that in case of any false affirmation of facts, I shall be liable for legal action.

I shall comply with any requisition and direction that may be made by the Member Secretary/Secretary/Chairman of the concerned Authority/Committees.

I further declare that no such or similar petition on the same cause of action has been filed by me earlier in any other capacity in any Court of competent jurisdiction.

Place: _____

**Signature or thumb
impressions of the
deponent/applicant.**

Dated: _____

VERIFICATION

Verified that the contents of my above affidavit are correct and true to my own knowledge and that nothing has been concealed therefrom.

Place: _____

**Signature or thumb
impressions of the
deponent/applicant.**

Dated: _____

Note:-

This affidavit must be sworn on non-judicial stamp paper of appropriate value under the Stamp Act of our State and attested by Notary Public.

Seal of Notary Public

Note:-

- (1) In the case of minors or persons of unsound mind, the application is to be made by his/her next friend/guardian and his/her own affidavit is also to be sworn by the next friend/guardian and got attested.
- (2) Tick mark the relevant and strike off the irrelevant column.