

Legal Aid Board - Application for Legal Services

Registration for Human Trafficking Cases

This form will enable you to register with the Legal Aid Board in connection with your application for legal services and your case pertaining to “human trafficking”.

The following documentation should be completed and submitted as soon as is possible to the following office:

**Legal Aid Board,
Human Trafficking / Administrative Support Unit,
Georges Lane,
48 / 49 North Brunswick Street,
Dublin 7.**

Freephone: 1800 238343.

Telephone: (01) 6469600.

Fax: (01) 6710200.

1. **Form HT 1** – Application for legal service
2. **Notification of Change of Address Form** – this form must be completed and returned to the above office whenever you change your address or contact details.

On receipt of a fully completed Form HT I and when you have been registered to receive legal services from the Legal Aid Board, a caseworker and solicitor will be assigned to your case. You will receive notification of this along with contact names and details directly from the above office. Any queries you may have in relation to your case should then be addressed to the assigned caseworker or solicitor.

<p>Legal Aid Board</p> <p>Form HT I - Human Trafficking</p> <p>Application for Legal Services</p>
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(This form should be fully completed and returned to the Legal Aid Board, Human Trafficking / Administrative Support Unit, Georges Lane, 48 / 49 North Brunswick Street, Dublin 7.)

Personal Details (please use block capitals):			
First Name :		Surname (Family Name) :	
Sex : F <input type="checkbox"/> M <input type="checkbox"/>		Title : Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	
Address where you are now staying :		Contact Phone Number :	Date of Birth : / /
Marital Status :	Nationality :	Languages Spoken :	Interpreter required :
Single : <input type="checkbox"/> Married : <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Asylum Application Details :			
Please indicate if you have already applied to the Refugee Applications Commissioner for asylum in Ireland and if so, please provide the relevant reference number for your case.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please state the reference number (if applicable); _____			
Temporary Residence Certificate No. : (if applicable)		If married, please state your spouse's Temporary Residency Certificate No. (if applicable):	
69 /		69 /	
Please state the date that your Temporary Residency Certificate was issued on :			
/ /			

If also claiming asylum, please tick the appropriate box below indicating the current status of your claim:

- Questionnaire
- Pre RAC Interview
- Post RAC Interview

- Leave To Remain
- Deportation Stage
- Council Regulation

Please indicate if you are an existing client of the Refugee Legal Service of the Legal Aid Board:

- Yes No

If you answer YES to the previous question, please state your Refugee Legal Service Reference Number:

Reference Number: _____

Declaration

You should read the following Declaration carefully before you sign below.

1. I have fully completed Form HT 1 and I hereby apply for legal aid or legal advice or both in connection with my case.
2. I agree to the transmission to the Legal Aid Board of all information pertaining to my case which the Board may require.
3. I declare that to the best of my knowledge, all the information which I have provided is correct and I undertake to inform the Legal Aid Board should any corrections be required, further information arise, or if my contact details should change.

Signature of applicant: _____

Date: _____

Legal Aid Board - Human Trafficking

Application for Legal Services – Change of Contact Details

If you change address or contact details, please complete and return this form by the earliest possible date to;

**Legal Aid Board,
Human Trafficking / Administrative Support Unit,
Georges Lane,
48 / 49 North Brunswick Street,
Dublin 7.**

Freephone: 1800 238343. Telephone: (01) 6469600.

Please complete this form in block capitals and you may return this form personally or by post to the above address.

Applicant's Name:	
Legal Aid Board Reference Number	
Temporary Residence Certificate Number (if applicable)	
Legal Aid Board caseworker / solicitor	
New address	
Old address	
Phone number	

I understand that if I move address in the future, I should immediately notify the Legal Aid Board of my new address and contact details.

Signed: _____ Date: _____