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| **Q:\X - Information and Communications\Corporate identity\LAB Logo.jpg** | | | | | | | **Application for Legal Services**  International Protection and Permission to Remain | | | | | | | | | | | | | | | | | | | | | | |
| **How to complete this form:**   * This form is for applying to the Legal Aid Board for legal services to help with your application for asylum, subsidiary protection, or permission to remain in Ireland. * Please write clearly and answer all questions that apply to you. * Incomplete forms may be returned and may delay processing your application. * If you need help, a member of the Board’s staff will help you to fill in this form. * Fill in this form and return it to the relevant law centre (Dublin, Cork or Galway). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Law Centre (Smithfield)  48/49 North Brunswick Street  Georges Lane  Dublin  D07 PE0C  Freephone 1800 23 83 43  Tel (from mobile): 01 6469600 | | | | | | | | Law Centre (Pope Quay)  North Quay House  Pope’s Quay  Cork  T23 HV26  Freephone 1800 20 24 20 Tel (from mobile): 021 4551686 | | | | | | | | Law Centre (Galway Seville House)  Seville House  New Dock Road  Galway  H91 CKV0  Freephone 1800 50 24 00  Tel (from mobile): 091 562480 | | | | | | | | | | | | | |
| * When we receive this fully completed form, we will assign a solicitor and caseworker or private solicitor to your case. We will tell you who they are and how you can contact them. From then on you can contact your solicitor or caseworker if you have any queries.  1. **PERSONAL INFORMATION**   **You must complete this part fully: (If you suffer from a disability or have any access needs in relation to our services please detail this on a separate page and attach to this form.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | | | | | Surname | | | | |  | | | | | | | | | | | |
| Date of Birth | | |  | | | | | | | | | | Gender | | | | | Male | | |  | | | Female | | | | |  |
| Marital Status | | | Single | |  | Married | | | | |  | | Nationality | | | | |  | | | | | | | | | | | |
| Contact phone Number | | |  | | | | | | | | | | Language | | | | |  | | | | | | | | | | | |
| Email address | | |  | | | | | | | | | | Interpreter required | | | | | Yes | | | |  | | | No | |  | | |
| Current Address (You must notify us immediately if you change address) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | Eircode | | | | |  | | | | | | | | | | | |
| 1. **YOUR APPLICATION FOR INTERNATIONAL PROTECTION IN IRELAND**   **Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal reference no | | | |  | | | | | | | | Date issued | | | | | | |  | | | | | | | | | | |
| **Please give details of any other family members living in Ireland. If married please give spouse details.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name  (Family Member 1) | | | |  | | | | | | | | Relationship to you | | | | | | |  | | | | | | | | | | |
| Is this person seeking international protection? | | | |  | | | | | | | | Personal reference number | | | | | | |  | | | | | | | | | | |
| Name  (Family Member 2) | | | |  | | | | | | | | Relationship to you | | | | | | |  | | | | | | | | | | |
| Is this person seeking international protection? | | | |  | | | | | | | | Personal reference number | | | | | | |  | | | | | | | | | | |
| **\*If there are additional family members, please list them as above on a separate page and attach to this form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current status of your protection application (Please tick):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have not filled in or submitted my questionnaire to the IPO yet | | | | | | | | | |  | | I have submitted my questionnaire to the IPO  (if you have been given an interview date please note it here): | | | | | | | | | | | | | | | |  | |
| I have done my interview with the IPO\* | | | | | | | | | |  | | I have received a negative decision on my appeal from the IPAT (please write the date of the decision here): | | | | | | | | | | | | | | | |  | |
| I have received a Dublin III Transfer decision from the IPO/IPAT (please write the date of the decision here): | | | | | | | | | |  | | I have received a Deportation order (please write the date of the order here): | | | | | | | | | | | | | | | |  | |
| **\*For clients registering for first time after their interview:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you received a recommendation on your International Protection Application? | | | | | | | | | | | | | | | | | Yes | | |  | | | No | | |  | | | |
| **If the answer is “Yes”, please state:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The date the letter was issued to you | | | | | | | | | **/ /20** | | | | |  | | | | | | | | | | | | | | | |
| Details of the decision made | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Please sign the attached consent letter regarding your legal representation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **STATEMENT OF INCOME AND ASSETS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you do not own any property of any kind anywhere in the world or have any savings you do not need to complete a statement of means and assets. Please tick the box below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | My only source of income is a direct provision allowance and the value of my assets of any kind (other than my home) does not exceed €4,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you cannot tick the above box, you need to fill out the normal Application for Legal Services form which is available from the law centre.  **DECLARATION – Please read carefully before you sign**   1. I confirm that all the information I have given on this form is correct and I have not deliberately left anything out. 2. I understand that if it is later found that I gave incorrect information on this form or have left out any information asked for on this form, the Legal Aid Board can take away my legal aid/advice and I can be held liable for the cost of the service it provided up until that point. 3. I give the Board permission to obtain any details or other information about my case which the Board might require. 4. I understand that the Board may contact the Department of Employment Affairs and Social Protection to obtain or verify any details of payments they make to me or any other information about my means that they might have on file. 5. If any details on this form change I will inform the Board. 6. I understand that the Board may re-assess my means and capital at any time while it is providing me with legal services, until my case is concluded and my file is closed. They may, based on the outcome of that re-assessment, decide to withdraw my legal aid/advice. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | | | | | **Date:** | | |  | | | | | | | | | | | | | | |
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| **Data Protection and Freedom of Information**  The Legal Aid Board will treat all information and personal data you give as confidential. The Board  will only disclose it to other people or bodies according to the law. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

To Whom It May Concern

Re:

Personal reference number:

I, , of , hereby authorise and instruct the Legal Aid Board, Law Centre (Smithfield), 48/49 North Brunswick Street, Georges Lane, Dublin D07 PE0C

to act as my solicitors in relation to my application for International Protection/ Permission to Remain in the State.

I request that all information and documentation, including translations of any documents in your possession, power or procurement pertaining to my application for International Protection / Permission to Remain in the State be furnished to the Legal Aid Board, Law Centre (Smithfield), 48/49 North Brunswick Street, Georges Lane, Dublin D07 PE0C.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern

Re:

Personal reference number:

I, , of hereby authorise and instruct the Legal Aid Board, Law Centre (Cork North), North Quay House, Pope’s Quay, Cork T23 HV26 to act as my solicitors in relation to my application for international protection/ permission to remain in the State.

I request that all information and documentation, including translations of any documents in your possession, power or procurement pertaining to my application for international protection/ permission to remain in the State be furnished to the Legal Aid Board, Law Centre (Cork North), North Quay House, Pope’s Quay, Cork T23 HV26.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern

Re:

Personal reference number:

I, , of , hereby authorise and instruct the Legal Aid Board, Law Centre (Galway), Seville House, New Dock Street, Galway H91 CKV0 to act as my solicitors in relation to my application for International Protection/ Permission to Remain in the State.

I request that all information and documentation, including translations of any documents in your possession, power or procurement pertaining to my application for International Protection / Permission to Remain in the State be furnished to the Legal Aid Board, Law Centre (Galway), Seville House, New Dock Street, Galway H91 CKV0.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_