

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 -

A Personal information			
Last name, forename, any maiden name	Occupation, gainful employment	Date of birth	Civil status
Address (street, number, postcode, city)		Daytime tel. no.	
Legal representative (if any): Last name, forename, address, telephone			

B Legal protection insurance/Membership		
1. Does a legal protection insurance company or another body/person (e.g. trade union, tenants' association, social association) pay the cost of pursuing your proceedings?		Doc. no.
<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>In what amount? If the full costs are paid by an insurance company or other body/person, legal aid or procedural costs assistance cannot be granted, so that it is not necessary to answer the remaining questions.</small>	
2. If not: 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 of the proceedings which you intend to pursue or which could provide counsel?		Doc. no.
<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>State the name of the insurance company/association/organisation. 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</small>	

C Maintenance claim towards other persons		
Do you have relatives who are obliged to pay maintenance to you (even if no actual payments are made)? e.g. mother, father, spouse/civil partner		Doc. no.
<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>Name of the party obliged to provide maintenance. Please state on an additional copy of this form his/her personal and economic circumstances if these are not already completely evident from the following sections.</small>	

D Relatives to whom you pay maintenance in cash or through material benefits						
Last name, forename, address (if different than yours)	Date of birth	Relationship (e.g. spouse, child, mother)	Monthly amount in Euros if you only provide maintenance through payment	Do these relatives have income of their own? e.g. training allowance, maintenance payment from the other parent, etc..		
1				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>net Euros per month</small>	
2				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>net Euros per month</small>	
3				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>net Euros per month</small>	
4				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>net Euros per month</small>	
5				<input type="checkbox"/> No	<input type="checkbox"/> Yes: <small>net Euros per month</small>	

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 not need to complete Parts E to J unless the court orders you to do so.

E 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. no.
Employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Maintenance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Self-employed work/trade/agriculture and forestry?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Annuity/pension?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Letting and leasing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Unemployment benefit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Capital assets?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Unemployment benefit II?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Child benefit/child allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Sick pay?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Housing benefit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Parental allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month

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)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Doc. no.
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	gross Euros	
	gross Euros	

3. Does your spouse/civil partner have income from the following (please state the gross monthly amounts in Euros)

			Doc. no.			Doc. no.
Employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Maintenance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Self-employed work/trade/agriculture and forestry?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Annuity/pension?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Letting and leasing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Unemployment benefit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Capital assets?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Unemployment benefit II?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Child benefit/child allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Sick pay?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month
Housing benefit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month		Parental allowance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: gross Euros per month

4. Does your spouse/civil partner 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)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Doc. no.
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	gross Euros	
	gross Euros	

5. If you have answered No to all the questions on income: What is the reason for this? What is the origin of your income? Please provide information on this on an additional sheet.

F Deductions Please briefly describe the type of deduction (e.g. wage tax, obligatory contributions, life insurance). Copies of documents must be enclosed.

1. What deductions do you have?

Doc. no.

2. What deductions does your spouse/civil partner have?

Doc. no.

1. What deductions do you have?		Doc. no.	2. What deductions does your spouse/civil partner have?		Doc. no.
Taxes/solidarity levy	Euros per month		Taxes/solidarity levy	Euros per month	
Social insurance contributions	Euros per month		Social insurance contributions	Euros 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 transport, or single distance if you travel by car)	Euros per month/km	
Other income-related expenses/operational expenditure	Euros per month		Other income-related expenses/operational expenditure	Euros per month	

G Bank accounts/real estate/motor vehicles/cash/assets

Do you or your spouse/civil partner have alone or jointly...

1. Bank accounts, current accounts, savings accounts or similar?

Please provide information on any accounts, even if their balance is zero.

Doc. no.

<input type="checkbox"/> No	<input type="checkbox"/> Yes:			
Type of account, account held by, financial institution			balance in Euros	

2. Real estate? e.g. land, house, owner-occupied apartment, leasehold

Doc. no.

<input type="checkbox"/> No	<input type="checkbox"/> Yes:			
Size, address/land registry designation, owned solely or in co-ownership, no. of dwelling units			market value in Euros	

3. Motor vehicles?

Doc. no.

<input type="checkbox"/> No	<input type="checkbox"/> Yes:			
Make, model, year of manufacture, year purchased, owned solely or in co-ownership, mileage			market value in Euros	

4. Cash or valuables? e.g. valuable jewellery, antiques, high-value electronic appliances

Doc. no.

<input type="checkbox"/> No	<input type="checkbox"/> Yes:			
Amount of cash in Euros, designation of the valuables, owned solely or in co-ownership			market value in Euros	

5. Life or pension insurance policies?

Doc. no.

<input type="checkbox"/> No	<input type="checkbox"/> Yes:			
Insurance company, insured party, date of the contract/Is it an additional old-age pension in accordance with the Income Tax Act which was promoted by the State ("Riester Pension")?			surrender value in Euros	

6. Other assets? e.g. building society contracts, securities, holdings, receivables

Doc. no.

<input type="checkbox"/> No	<input type="checkbox"/> Yes:			
Designation, owned solely or in co-ownership			market value in Euros	

H Housing costs Copies of documents must be enclosed (e.g. tenancy agreement, heating costs account, bank statements)					Doc. no.
1. Total size of the living space in which you live alone or together with others: (please state in square metres)					
2. No. of rooms:		3. Total no. of persons living in the living space:			
4. Are you using the space as a tenant or in a similar arrangement for its use? If so, please add the following information in Euros per month				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Rent not incl. ancillary costs	Heating costs	other ancillary costs	Total	I myself pay from this amount:	
5. Are you using the space as an owner, co-owner or leaseholder? If so, please add the following information in Euros per month				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Interest and repayment	Heating costs	other ancillary costs	Total	I myself pay from this amount:	
6. Precise, detailed information on the charges on borrowed funds when using as (co)owner etc. e.g. date of the loan agreement, borrower, financial institution, loan instalment per month, payments continue until ...					Doc. no.
			remaining debt in Euro	monthly interest and repayment	
			remaining debt in Euro	monthly interest and repayment	

I Other payment obligations State to whom, for what purpose and until when the payments are made, e.g. copies of instalment loan from ... Bank, dated ... for ..., instalments continue until .../copies of documents (e.g. loan agreement, proof of payment) are to be enclosed.					Doc. no.
			remaining debt in Euro	total monthly burden	I myself pay from this amount:
			remaining debt in Euro	total monthly burden	I myself pay from this amount:
			remaining debt in Euro	total monthly burden	I myself pay from this amount:

J Special burdens Information must be documented, e.g. additional expenditure for relative with a physical disability, stating the degree of disability/additional needs in accordance with section 21 of Book II of the Social Code and section 30 of Book XII of the Social Code					Doc. no.
				I myself pay from this amount:	
				I myself pay from this amount:	

K I herewith affirm that the information which I have provided is complete and true. I have received and read the information sheet regarding this form.		
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 provide any missing documents and affirm my information in the form of an affidavit.		
I am also aware that I am 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 circumstances 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. I am aware that approval of legal aid or procedural costs assistance can be withdrawn in case of violation of this obligation and that I will then have to subsequently pay the entire costs.		
No. of documents enclosed:		
Place, date	Signature of the party or person who legally represents you	Recorded: Signature/official title