|  |  |  |
| --- | --- | --- |
| **A**. |  | |
| Sekcja  **HUMAN RIGHTS** | | |
| Data wpływu sprawy | | Data przydzielenia |
| Sygnatura sprawy  / **H** / | | |
| Student | | |
| Koordynator | | |

**APPLICATION FORM**

Part B, C and D to be filled in by the client.

**B. INDENTITY OF THE CLIENT AND OTHER INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Last name | | | | | | |
| 2. First name | | | | | | |
| 3. Postcode | 4. City | | | 5. Address | | | |
| 6. Telephone number | | 7. Mobile number | | | 8. Address e-mail | | |
| 9. Other contact details | | | | | | | |
| 10. The date of the nearest hearing | | | 11. Other dates in the case | | | | |
| 12. Did you use or are you currently using the professional legal assistance        (Lawyer)? YES/NO | | | | | | 13. Did you ever use or are you currently using the help of the Jagiellonian University Legal Clinic? YES/NO | |
| 14. How did you find out about the Jagiellonian University Legal Clinic (please tick the appropriate box)? family member friend  other client media (newspaper, leaflet, radio, TV, internet) organizations, institutions other source (what kind of?)…………...……… | | | | | | | |

**C. THE DESCRIPTION OF THE CASE**. Please briefly describe the case and indicate what kind of help you expect from the Clinic.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… .

**D. STATEMENTS**. Please enter the date and **legibly sign with your first and last name** all of the following statements (the dotted lines). The client states authenticity of the information contained in the statement with his/her signature, or accepts the principle expressed in the statement. Signing all the statements is a prerequisite to use the services of the Clinic. If the statement is incomprehensible, please refer to the Clinic for an explanation before signing.

Date …………………………………………………

1. I cannot afford to use the legal aid. ………………………..……………………..
2. My case is not currently leaded by advocate or legal adviser. ………………………………..………………..
3. Submission of the signed form does not imply acceptance of the case by the Clinic. ………………………………..…………
4. The Legal Clinic is providing legal assistance only in writing. My case will be leaded by the student, not a professional lawyer. The student cannot represent clients in the court. If the case will be eligible for referral to the Ombudsman, the Clinic may refer the matter to the Office of the Ombudsman. The Clinic does not return photocopies of documents submitted by the client after the conduct of his/her affairs. ………………………………..………………..
5. Liability in damages of the Jagiellonian University and members of the Clinic is turned off, except if the intentional damage. Students and other members of the Clinic cannot refuse to testify on the facts of which they learned in the course of the case. This means that they are obliged to give full answers to the questions of the court, the prosecution, the Police or other authority. ………………………………..………………..
6. I agree for the processing of my personal data in the range provided in the Application Form for the purpose of getting legal aid from the Jagiellonian University Legal Clinic in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 and in accordance with the information clause attached to my consent. ………………………………..………………..
7. I agree to be contacted by e-mail I gave in section B.8. ………………………………..………………..
8. I received in writing the contents of above statements. ………………………………..………………..