



सत्यमेव जयते

DELHI STATE LEGAL SERVICES AUTHORITY

(constituted under the 'Legal Services Authorities Act, 1987', an Act of Parliament)

Under the Administrative Control of High Court of DelhiCentral Office, 3rd Floor, Rouse Avenue District Court Complex,

Pt. Deen Dayal Upadhyaya Marg, New Delhi-110002

Email : legalaidwing-dlsa@nic.in website : www.dlsa.org**APPLICATION FORM FOR LEGAL AID**

1. Name of Applicant:
2. Father's/Husband's Name:
3. Residential Address (Contact No.):

4. Please (✓) your related section/sections and attach proof in support of it:

<input type="checkbox"/> Schedule Caste	<input type="checkbox"/> Schedule Tribe	<input type="checkbox"/> In Custody	<input type="checkbox"/> In Custody of a Psychiatric hospital or home
<input type="checkbox"/> In custody of a protective home	<input type="checkbox"/> Income < 3 Lac per annum	<input type="checkbox"/> Women or Girl Child	<input type="checkbox"/> Sr. Citizen Income < 4 Lac per annum
<input type="checkbox"/> Child (Male/Female both)	<input type="checkbox"/> Transgender Income < 4 Lac per annum	<input type="checkbox"/> Disabled	<input type="checkbox"/> MACT Claimants
<input type="checkbox"/> Disaster Victims	<input type="checkbox"/> Missing Children	<input type="checkbox"/> Victim of Caste atrocity or any other atrocity	<input type="checkbox"/> Rape Victims
<input type="checkbox"/> Industrial Workmen /Labour	<input type="checkbox"/> Delhi Victims Comp. Scheme Beneficiaries	<input type="checkbox"/> Victim of Human Trafficking or Begar	<input type="checkbox"/> Acid Attack Victim
<input type="checkbox"/> Person infected and affected with HIV Aids			

5. Name of Office and Address (if any):
6. Nationality:
7. Annual Income (Affidavit on Rs.10/- on non-judicial paper):-
8. Name and Address of opposite party & Tel. No. (If any):
9. Nature of relief sought: Legal Advise/ Counseling by legal Aid Advocate:
10. Whether legal aid is required to file any case, if yes, specify: Matrimonial Dispute/Civil /Criminal/Labour/Service/Criminal/Writ/Other:
11. Whether any application has been filed previously before this Authority, if yes, give details:-
12. Please state whether any case is pending before, any court, if so, the details thereof:

I undertake that if the legal services obtained by me on furnishing incorrect or false information or in a fraudulent manner, the legal services shall be stopped forthwith and the expenses incurred by the Legal Services Institutions shall be recovered from me.

SIGNATURE OF THE APPLICANT

To be filled by Legal Aid Counsel

1. Summary of dispute:-

2. Recommendation of Legal Aid Counsel:-

Signature
(Name in Capital letters)