



## Department of Social Services

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ArSoZa Registration #: \_\_\_\_\_ Maz #: \_\_\_\_\_

Crib #: \_\_\_\_\_ Type of Legal Assistance: \_\_\_\_\_

## **Legal Assistance Application Form** (Please fill the **entire** form)

### **Information of applicant:**

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
Day Month Year

Sex: ( ) Male ( ) Female Nationality: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Widow(er)  
( ) Divorced ( ) Living together ( ) Separated

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ or \_\_\_\_\_

Work: \_\_\_\_\_ Family member: \_\_\_\_\_

ID card#: \_\_\_\_\_ Valid until \_\_\_\_\_

Residence Permit#: \_\_\_\_\_ Valid until \_\_\_\_\_

Date of registration at the Census-Office: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Former Country of residence: \_\_\_\_\_

**Information of spouse/partner:**

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
Day Month Year

Date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of marriage: \_\_\_\_\_  
Day Month Year

Sex: ( ) Male ( ) Female Nationality: \_\_\_\_\_

ID card#: \_\_\_\_\_ Valid until \_\_\_\_\_

Residence Permit#: \_\_\_\_\_ Valid until \_\_\_\_\_

Date of registration at the Census-Office: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Is partner unemployed at the moment?

( ) Yes - Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

( ) No – Working for (name of company): \_\_\_\_\_

Phone#: \_\_\_\_\_ Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Information on Children:**

Do you have minor children living with you or of whom you are the legal guardian?

( ) No ( ) Yes - (answer the following questions)

	Name	Date/place of birth	School attending	Nationality
1				
2				
3				
4				
5				
6				

**Information on employment:**

Are you unemployed at the moment?

( ) Yes - (answer the following questions)

Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

State reason for unemployment: \_\_\_\_\_

( ) No - (answer the following questions)

I'm Working for (name of company): \_\_\_\_\_

Phone#: \_\_\_\_\_ Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

I'm doing odd jobs:

Which type? \_\_\_\_\_ How often? \_\_\_\_\_

**Information on housing:**

Are you the owner of the house you now live in?

( ) Yes - (answer the following questions)

What is the estimated value of your home? \_\_\_\_\_

Are you paying mortgage? ( ) Yes – \_\_\_\_\_ per month. ( ) No

( ) No, I'm living with family members - (answer the following questions)

What is the relationship? \_\_\_\_\_

What contribution do the others make toward the house expenditures? \_\_\_\_\_

( ) No, I'm paying house/land rent - (answer the following questions)

Land Lord name: \_\_\_\_\_

Land Lord ID number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of your landlord: \_\_\_\_\_

**Information on assets:**

Do you have house(s) or apartment(s) on rent?

( ) No ( ) Yes - (answer the following questions)

I have \_\_\_\_\_ house(s) or \_\_\_\_\_ apartment(s) or \_\_\_\_\_ room(s) for rent?

What amount derived from rent? \$.\_\_\_\_\_ Nafl.\_\_\_\_\_

Do you have any savings? ( ) No ( ) Yes – (answer the following questions)

Which bank? \_\_\_\_\_ Current balance: \_\_\_\_\_

Which bank? \_\_\_\_\_ Current balance: \_\_\_\_\_

Do you own a car? ( ) No ( ) Yes – (answer the following questions)

What model? \_\_\_\_\_ Which Year? \_\_\_\_\_

Value? \_\_\_\_\_ Insurance company? \_\_\_\_\_

**Reason(s) for applying for Legal Assistance:**

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Preferred Lawyer or Law Firm: \_\_\_\_\_

**Information on income:**

What source of income do you or spouse/partner have? (Please specify currency)

State amount and currency per month:

	Applicant:	Spouse:
( ) None	_____	_____
( ) Pension	_____	_____
( ) Financial aid	_____	_____
( ) Child support	_____	_____
( ) Income from property on rent	_____	_____
( ) Salary (your gross income)	_____	_____
( ) Odd jobs	_____	_____
( ) Income from other source:		
_____	_____	_____
_____	_____	_____
<b>Total:</b>	_____	_____

**Information on expenditures:**

What are your expenditures?

State amount and currency per month:

( ) House/Land rent \_\_\_\_\_

( ) Mortgage \_\_\_\_\_

( ) Insurances: (please mention what kind) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) Loans: (please mention which type) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total:** \_\_\_\_\_

**Please take note of the following:**

The undersigned declares, that the above mentioned questions have been truthfully answered.

(The willful furnishing of incorrect information is punishable by law and can result in annulment of application and refunding of government assistance)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

If applicant is unable to sign: (State the reason the applicant is unable to sign)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date

What is your relationship to the applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Date