



ASSOCIATION FOR HUMAN SOCIAL SERVICE AND SECURITY (AHSSAS)



Address: 44 Allama Iqbal Avenue Civil Hospital Road Bahawalpur
Mobile: 0300-6808237 0300-0443888

Application for Free Legal Aid

How to complete this form

- Incomplete forms may be returned and may delay processing your application.

Picture Here

1. PERSONAL INFORMATION AND DETAILS OF APPLICANT

You must complete this part fully.

Name				S/D/H/W	
Mobile No.				CNIC No.	
Date of Birth				Email	
Gender	Male	Female		Transgender	
Address					
Marital Status	Single	Married	Divorced	Widowed	
Are you in Prison?	No	Yes (Name of prison)			

2. What Legal Services are you applying for?

Subject Matter Family / Civil / Criminal / Revenue / Service Matter / Any other

Do you have a court date, and if so what is the date, court name and case title?	Date _____		
	Court Name _____		
	Case Title _____		
	Fir No. _____		
Have you previously applied for legal aid from AHSSAS?	Yes	No	
Referred By	NGO: _____	Any Person:	Itself

Date: _____

Applicant Signature: _____

Attached Documents:-

CNIC

All documents to prove your version / right.

Approved By:

Name: _____

Signature & Stamp: _____

Designation: _____

Date: _____



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AFFIDAVIT

I, _____, S/o _____ Cast: _____ CNIC _____ R/O _____ hereby declare that

the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or deliberate omissions of facts may result in the rejection of my application.

I declare that all the attachments and documents submitted with this application are original and belong to me or have been obtained with the proper consent of the rightful owner.

I declare that the submission of this application does not guarantee approval and that the final decision regarding my application rests with the AHSSAS.

I declare that I have read and understood all the terms and conditions related to this application and agree to abide by them.

I declare that AHSSAS will not be responsible for any decision against me by the authority or any court of Law.

I declare that I have no any source to pay a professional fee of Lawyer.

This declaration is made by me on _____ with full understanding of the consequences of false statements.

Date: _____

Deponent: _____

Attested By: _____