

APPLICATION FOR LEGAL AID

(LAW OF 10TH AUGUST 1991 ON THE LEGAL PROFESSION, AS AMENDED AND THE GRAND DUCAL REGULATION OF 18TH SEPTEMBER 1995, AS AMENDED)

ATTENTION: APPLICATIONS FOR LEGAL AID WILL NOT BE PROCESSED IF THE FORM IS NOT COMPLETE AND IF THE REQUIRED DOCUMENTS ARE NOT ATTACHED!

→ **THIS FORM MUST BE DULY COMPLETED.**

(Sections A, B, C, D and E)

→ **THIS APPLICATION MUST BE ACCOMPANIED BY:**

(Please see Appendix - section A)

- a copy of valid proof of identification,
- a certificate of registration with the Joint Social Security Centre (Centre Commun de la Sécurité Sociale) for each household member,
- a certificate of ownership for each household member,
- documents relating to the case for which the benefit of legal aid is asked,
- where applicable, the supporting documents outlined in the notes at the foot of pages (1) to (9) have to be appended to the application.

ATTENTION: PLEASE COMPLETE THIS FORM IN LEGIBLE LETTERS AND THE ANNEXED DOCUMENTS ARE TO BE HANDED IN WITHOUT STAPLES.

A. DETAILS OF THE PERSON APPLYING FOR LEGAL AID

Name			
First name			
Social security number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Nationality	
Age		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth		Date of birth	
House number and street name *			
Town/City *		Postal code *	
Telephone		Mobile phone	
Resident in Luxembourg	<input type="checkbox"/> from birth <input type="checkbox"/> since <input type="checkbox"/> not a resident of Luxembourg		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> In civil partnership <input type="checkbox"/> Widower, widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> School pupil <input type="checkbox"/> Student <input type="checkbox"/> Other: (Please specify)		
Employer	Name:		
	Address:		

*The applicant makes a commitment to notify immediately any change of address to the Bar Association and recognizes the validity of any notification, which will be made at the last address communicated by him.

Name, first name of applicant

Are you a	<input type="checkbox"/> Detainee	<p>→ Complete only sections A and E (1-8) of this form.</p> <p>→ Please refer to the Appendix - section B to determine which documents you need to append to your application.</p>
	<input type="checkbox"/> Refugee	<p>Legal aid is requested for:</p> <p><input type="checkbox"/> Applicant only <input type="checkbox"/> Applicant and his/her family</p> <p>→ Complete only sections A and E (1-8) of this form.</p> <p>→ Please refer to the Appendix - section C to determine which documents you need to append to your application.</p>
	<input type="checkbox"/> Minor	<p>→ Complete sections A, B, C, D and E of this form.</p> <p>→ Please refer to the Appendix - section A to determine which documents you need to append to your application.</p>

B. INFORMATION ON THE APPLICANT'S FAMILY SITUATION

B.1 SPOUSE/PARTNER/COHABITEE

Name			
First name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Date of birth			
House number and street name			
Town/City		Postal code	
Occupation		Mobile phone	
Employer	Name:		
	Address:		
Opposing party?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

B.2 CHILDREN LIVING IN THE HOUSEHOLD

Name and first name	Date of birth	Occupation/Employer

Name, first name of applicant

B.3 CHILDREN LIVING OUTSIDE THE HOUSEHOLD

Name and first name	Date of birth	Occupation/Employer

B.4 OTHER HOUSEHOLD MEMBERS

Name and first name	Relationship to applicant	Date of birth	Occupation/Employer

My household consists this day of adult(s) and minor(s).

B.5 IF YOU ARE A MINOR: PARENTAL INFORMATION

(Art. 37-1(1) and 37-1 (5 bis) of the law of 10th August 1991 on the legal profession, as amended)

Mother

Name, First name	
Social security number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	
Date of birth	
Address	

Father

Name, First name	
Social security number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	
Date of birth	
Address	

C. FINANCIAL INFORMATION**C.1 INCOME OF ALL HOUSEHOLD MEMBERS (PLEASE INDICATE GROSS AMOUNTS) (1/2)**

Please tick the relevant boxes

	Applicant's income	Income of the Spouse/ Partner/ Cohabitee	Income of other household members	Income of other household members
Name				
First name				
<input type="checkbox"/> The household has no income	What do you live on?			
<input type="checkbox"/> Professional income (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Sickness allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Unemployment benefit (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Social inclusion income (REVIS) (2)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Allowance of inclusion - REVIS (2)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Income for severely disabled persons - RPGH (2)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Luxembourg Pension (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Foreign pension (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Injury pension (e.g. from the AAA) (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Upbringing allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Family allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Maternity allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Child raising allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Parental leave (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Recipient of spousal maintenance/ child support payments (3)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Owner of property in Luxembourg	Unit Value:	Unit Value:	Unit Value:	Unit Value:
<input type="checkbox"/> Owner of property abroad (4)	Unit Value:	Unit Value:	Unit Value:	Unit Value:
<input type="checkbox"/> Owner of movable assets (cash, savings, stocks, bonds, securities etc.) (4)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Income from movable and immovable assets (rent, tenant farming, residential rights, usufruct, etc.). (4)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Other income (please specify source and amount) (4)	Source:	Source:	Source:	Source:
	EUR	EUR	EUR	EUR

(1) Attach official supporting documents indicating the gross amount of the respective income for the last 3 months (e.g. the last 3 payslips (or failing that: certificate of earnings from the Joint Social Security Centre) – or proof of unemployment benefit - pension or other. N.B. bank statements are not sufficient).

(2) Attach a copy of the last sent letter by the National Solidarity Fund (FNS) regarding the calculation of the amount of the benefit, which is paid by the National Solidarity Fund, with the calculation attached to this letter.

(3) Attach recent supporting documents indicating the monthly amount of the owed spousal maintenance / child support with the proof of the receipt of this spousal maintenance / child support during the last three months, or, failing that, a declaration of honor regarding the absence of perception of a spousal maintenance / child support by the household.

(4) Attach supporting documentation.

C.1 INCOME OF ALL HOUSEHOLD MEMBERS (PLEASE INDICATE GROSS AMOUNTS) (2/2)

	Income of other household members	Income of other household members	Income of other household members	Income of other household members
<i>Please tick the relevant boxes</i>				
Name				
First name				
<input type="checkbox"/> The household has no income	What do you live on?			
<input type="checkbox"/> Professional income (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Sickness allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Unemployment benefit (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Social inclusion income (REVIS) (2)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Allowance of inclusion - REVIS (2)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Income for severely disabled persons - RPGH (2)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Luxembourg Pension (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Foreign pension (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Injury pension (e.g. from the AAA) (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Upbringing allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Family allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Maternity allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Child raising allowance (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Parental leave (1)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Recipient of spousal maintenance/ child support payments (3)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Owner of property in Luxembourg	Unit Value:	Unit Value:	Unit Value:	Unit Value:
<input type="checkbox"/> Owner of property abroad (4)	Unit Value:	Unit Value:	Unit Value:	Unit Value:
<input type="checkbox"/> Owner of movable assets (cash, savings, stocks, bonds, securities etc.) (4)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Income from movable and immovable assets (rent, tenant farming, residential rights, usufruct, etc.). (4)	EUR	EUR	EUR	EUR
<input type="checkbox"/> Other income (please specify source and amount) (4)	Source:	Source:	Source:	Source:
	EUR	EUR	EUR	EUR

- (1) Attach official supporting documents indicating the gross amount of the respective income for the last 3 months (e.g. the last 3 payslips (or failing that: certificate of earnings from the Joint Social Security Centre) – or proof of unemployment benefit - pension or other. N.B. bank statements are not sufficient).
- (2) Attach a copy of the last sent letter by the National Solidarity Fund (FNS) regarding the calculation of the amount of the benefit, which is paid by the National Solidarity Fund, with the calculation attached to this letter.
- (3) Attach recent supporting documents indicating the monthly amount of the owed spousal maintenance / child support with the proof of the receipt of this spousal maintenance / child support during the last three months, or, failing that, a declaration of honor regarding the absence of perception of a spousal maintenance / child support by the household.
- (4) Attach supporting documentation.

Name, first name of applicant

C.2 HOUSEHOLD EXPENDITURE

Is the household a tenant household?	<input type="checkbox"/> No <input type="checkbox"/> Yes (5)	Monthly rent amount	EUR
Is the household paying child support/ spousal maintenance?	<input type="checkbox"/> No <input type="checkbox"/> Yes (6)	Monthly amount	EUR
Is the household repaying a mortgage?	<input type="checkbox"/> No <input type="checkbox"/> Yes (7)	Monthly amount	EUR

(5) Attach a copy of the household's lease contract and rental receipts for the last 3 months.

(6) Attach proof of the payment for the last 3 months (e.g. bank statement) and monthly amount of spousal maintenance/child support.

(7) Attach supporting documentation.

D. REIMBURSEMENT OF EXPENSES TO BE COVERED BY LEGAL AID:

Do you hold a legal protection insurance policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes (8)	Name of insurer	
Are you a member of a trade union, the Luxemburgish Consumer Protection Association, or other?	<input type="checkbox"/> No <input type="checkbox"/> Yes (9)	Specify the name	
		Since	

(8) Attach a copy of the contract. (9) Attach supporting documentation.

E. DISPUTE OR PROBLEM FOR WHICH LEGAL AID IS REQUESTED:

E.1 PURPOSE (TICK THE CORRESPONDING BOX!)

Please note that you must submit A REQUEST for legal aid FOR EACH CASE!

↓

<input type="checkbox"/> Lease contract
<input type="checkbox"/> Divorce
<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Youth protection
<input type="checkbox"/> Child custody, Right of visit and accommodation
<input type="checkbox"/> Family Law (Please specify)
<input type="checkbox"/> Spousal maintenance/child support
<input type="checkbox"/> Civil (Please specify)
<input type="checkbox"/> Commercial law (N.B. Legal aid is not available to traders involved in disputes relating to their commercial activity! Art.37-1 (2) of the Law of 10th August 1991 on the legal profession, as amended)
<input type="checkbox"/> Labour law
<input type="checkbox"/> Criminal law: <i>Prosecution notice: Not.:</i>
<input type="checkbox"/> Fine (Police Court)
<input type="checkbox"/> Offence (Magistrates' Court)
<input type="checkbox"/> Crime (Criminal Court)
<input type="checkbox"/> Civil party in a criminal case: <i>Prosecution notice: Not.:</i>
<input type="checkbox"/> Administrative law
<input type="checkbox"/> Application for international asylum <i>Ministry of Foreign Affairs' reference: R-</i>

Name, first name of applicant

Social law

Attachment order

Other

(Please specify)

E.2 BRIEF DESCRIPTION OF THE CIRCUMSTANCES OF THE DISPUTE

→ PLEASE ATTACH COPIES OF THE DOCUMENTS RELATING TO THE CASE FOR WHICH THE BENEFIT OF LEGAL AID IS ASKED!

For example: subpoena, petition, notice to appear, writ of summons, judgment, notice of appeal, letter of dismissal, etc.

E.3 PROCEEDINGS PENDING OR TO BE INITIATED

E.4 COURT TO WHICH THE CASE HAS OR WILL BE REFERRED TO

Magistrates' Court (*Justice de Paix*)

District Court (*Tribunal d'arrondissement*)

Court of Appeal (*Cour d'appel*)

Court of Cassation (*Cour de cassation*)

Administrative Court of First Instance (*Tribunal administratif*)

Administrative Court (*Cour administrative*)

Social Security Arbitration Board (*Conseil arbitral de la sécurité sociale*)

Social Security Appeals Board (*Conseil supérieur de la sécurité sociale*)

E.5 VALUE/PURPOSE OF THE DISPUTE

Value of the dispute, if this can be expressed in financial terms:

EUR

E.6 ARE YOU THE PLAINTIFF OR DEFENDANT?

Plaintiff Defendant

Name, first name of applicant

E.7 OPPOSING PARTY

Name	
First name	
Date of birth	
House number and street name	
Town/City	Postal code
Relationship to applicant	

E.8 LAWYER/NOTARY/BAILIFF

I am being represented by a lawyer:

<input type="checkbox"/> Yes	Name of lawyer	
	Law firm	
	Address of lawyer	
	Assisted in this case since	
	Is the lawyer aware of the application for legal aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the lawyer agree with the application for legal aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No	Have you been represented by another lawyer in this case?	<input type="checkbox"/> Yes / Name of lawyer: From which date to which date? <input type="checkbox"/> No
	Do you have a preference for a particular lawyer?	
	<input type="checkbox"/> Yes	Name of lawyer Law firm Address of lawyer
		<input type="checkbox"/> No (A lawyer will be appointed for you by the President of the Bar Association)

I am being assisted by a notary / bailiff:

<input type="checkbox"/> Yes	Name of notary / bailiff	
	Address	
<input type="checkbox"/> No		

Name, first name of applicant

ARE YOU ALREADY RECEIVING LEGAL AID?

No

Yes

Since:

Legal aid agreement details:

Name of lawyer:

PERSON COMPLETING THIS APPLICATION FOR LEGAL AID

Name

First name

Organisation,
institution, law firm,
etc.

Telephone

e-mail

I hereby request legal aid with effect from _____ (Date) in accordance with the law of 10th August 1991 on the legal profession, as amended and I further declare that I am not entitled, in any capacity, to reimbursement by a third party of expenses to be covered by legal aid.

The undersigned acknowledges and accepts that in accordance with Art. 37-1 (6) of the Law of 10th August 1991 on the legal profession, as amended, the President of the Bar Association may withdraw legal aid if the beneficiary accrues financial means during the proceedings or during the completion of these measures or as a result of such proceedings or measures which, had they existed on the day that legal aid was requested, would have precluded any such entitlement. **Any changes of this nature, as well as any change of address, must be declared to the President of the Bar Association by the beneficiary or by the lawyer appointed, as provided for in subsection (9) of the aforementioned article.**

I hereby certify that the information I have provided on this form is true, accurate and complete.

I acknowledge by my signature, that I have been informed that:

- any false statements and/or information may lead to prosecution* and/or the full withdrawal of legal aid;
- any such withdrawal renders all costs, charges, fees, allowances, payments, emoluments, deposits and advances of any nature already disbursed on behalf of the applicant immediately payable by the applicant.

Protection of personal data

The personal data communicated within the framework of the present application for legal aid are processed by the territorially competent Bar Association, in their quality of responsible for processing, represented by the Presidents of the bar at present in function.

The processing of data is performed in compliance with the provisions of the regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data ("GDPR") and of the law of 1st August 2018 relating the organisation of the National Commission for Data Protection and the implementation of the GDPR.

The operated processing is necessary for the execution of a mission of public interest with which the responsible for processing is invested by virtue of the law of 10th August 1991 on the legal profession, as amended and the grand ducal regulation of 18th September 1995, as amended.

The data collected through this form, as well as all other data that is required for the processing of the application, is used exclusively for the administration and the control by the Luxembourg Bar Association and/or the Diekirch Bar Association relating to the applications for legal aid and their follow-up.

The processing of your data is the object of a treatment to achieve a successful conclusion for your application and it's made in compliance with the applicable legal provisions to which the responsible for processing is subjected.

The data and information are kept for the time necessary to achieve the purposes of the processing.

* Article 496-1 of the Penal Code.

The addressees of your data are the following administrations and entities, competent within the framework of the processing of your application:

- The Ministry of Justice;
- The judicial and administrative authorities;
- The lawyers in charge of the file;
- Our subcontractors in charge of the IT infrastructure;
- The Administration of the Recording and Domains;
- The Chamber of the Bailiffs;
- The Chamber of Notaries;
- Disciplinary and administrative Council;
- Disciplinary and administrative Council of appeal.

The addressees of the personal data will process your data only in the necessary measure for the execution of their respective missions, and in compliance with the applicable regulations.

According to the terms of the applicable regulations, the right of access and of rectification, and if necessary, the right to erase data concerning you, can be exercised, particularly the right to object to the processing of your data and to withdraw your consent at any time. However, in case of withdraw of your consent, we will be unable to process your application insofar as this data is essential for the treatment of the application for legal aid and its follow-up.

If you wish to exercise the above-mentioned rights, to obtain communication of your information or to receive any additional information on this matter, please contact the Luxembourg Bar Association 2A, Boulevard Joseph II, L-1840 Luxembourg or the Diekirch Bar Association B.P. 68, L-9202 Diekirch, or by e-mail dpo@barreau.lu for the Luxembourg Bar Association or info.diekirch@barreau.lu for the Diekirch Bar Association. Your request will be handled as soon as possible.

You also have the possibility to lodge a complaint with the National Commission for Data Protection having his seat in 1, Avenue du Rock'n'Roll, L-4361 Esch-sur-Alzette.

With the deposit of this application at the Luxembourg or Diekirch Bar Association, you accept that your personal data are processed within the framework of your application for legal aid and its follow-up.

(Place) _____, the _____ (Date)

Signature of applicant

This form is to be returned, depending on your place of residence, to:

For the judicial district of Luxembourg:

Ordre des Avocats du Barreau de Luxembourg
Service de l'Assistance judiciaire
45, Allée Scheffer
L-2520 Luxembourg

On-call service:

45, Allée Scheffer, L-2520 Luxembourg (Tel. +352 46 72 72-1)
Mondays and Thursdays from 9.30am to 11.30am.
During this time, a person will be available to review your request for legal aid and to answer your questions.

For the judicial district of Diekirch:

Ordre des Avocats du Barreau de Diekirch
B.P. 68
L-9201 DIEKIRCH

APPENDIX

DOCUMENTS THAT MUST BE APPENDED TO THE APPLICATION FOR LEGAL AID, AND USEFUL ADDRESSES

ATTENTION: APPLICATIONS FOR LEGAL AID WILL NOT BE PROCESSED IF THE FORM IS NOT COMPLETE AND IF THE REQUIRED DOCUMENTS ARE NOT ATTACHED!

A. DOCUMENTS TO BE APPENDED TO ANY APPLICATION FOR LEGAL AID:

To ensure your legal aid application is processed, you must complete the entire application form and attach the following documents:

- A copy of a valid proof of identification;
- A certificate of registration with the Joint Social Security Centre (Centre Commun de la Sécurité Sociale) for each household member (please refer to the Appendix for the address);
- The income of all household members: payslips (or failing that: certificate of earnings from the Joint Social Security Centre)
 - unemployment benefit - pension or other for the last 3 months indicating the **gross amounts** (N.B. bank statements are not sufficient);
- Persons benefiting from an allowance paid by the National Solidarity Fund (FNS): a copy of the last sent letter by the National Solidarity Fund (FNS) regarding the calculation of the amount of the benefit, which is paid by the National Solidarity Fund, with the calculation attached to this letter;
- Spousal maintenance / child support:
 - Recipient of spousal maintenance / child support: attach recent supporting documents indicating the monthly amount of the owed spousal maintenance / child support with the proof of the receipt of this spousal maintenance / child support during the last three months, or, failing that, a declaration of honor regarding the absence of perception of a spousal maintenance / child support by the household;
 - Debtor of spousal maintenance / child support: attach proof of the payment and monthly amount of spousal maintenance / child support for the last 3 months;
- Certificate of ownership for each household member (please refer to the Appendix for the address);
- Supporting documentation for any property located abroad;
- Supporting documentation for any movable assets (cash, savings, stocks, bonds, etc.);
- Housing: - if you are renting: a copy of the lease and rental receipts for the last 3 months;
 - if you are repaying a mortgage: proof of payment of the monthly payments;
- Document certifying income from movable or immovable property;
- Copy of the insurance contract for legal protection;
- Supporting documentation relating to the membership of a trade union, the Luxemburgish Consumer Protection Association, or other;
- Documents relating to the case for which the benefit of legal aid is asked.

UNLESS YOU ARE:

B. A DETAINEE

You must append to your application:

- Certificate of detention;
- Documents relating to the case for which the benefit of legal aid is asked.

and complete sections A. and E. (1-8) of this form.

C. A REFUGEE / ASYLUM SEEKER

You must append to your application:

- A copy of a valid proof of identification (if you have one);
- Proof of submission of an application for international asylum for each person involved in the application, or failing that, another document certifying submission of an application to legalise your stay in Luxembourg;
- In the case of placement in a detention centre: detention certificate of that centre;
- Documents relating to the case for which the benefit of legal aid is asked.

and complete sections A. and E. (1-8) of this form.

USEFUL ADDRESSES:

Certificate of registration with / income from the Joint Social Security Centre:

Centre Commun de la Sécurité Sociale
Département Affiliation
Tel.: +352 40 14 1-1
125, route d'Esch
Postal address:
L-2975 LUXEMBOURG

Certificate of ownership:

Administration des Contributions Directes
Section des évaluations immobilières
Tel.: +352 40 800-1
5, rue de Hollerich
B.P. 2354 L-1023 LUXEMBOURG

IMPORTANT:

Pursuant to the provisions of the Grand-Ducal Regulation of 18th September 1995, as amended, legal aid is automatically granted in the case of procedures or writs of execution required to enforce court decisions obtained thereby.

The clerks and custodians of public deeds shall provide the beneficiary of legal aid with the deeds and copies of the order necessary for the procedure or the enforcement measure free of charge (Art. 7 of the Grand Ducal Reg. of 18.9.95).

Legal aid covers all costs of proceedings, procedures or deeds for which it was granted and, in particular: stamp duty and registration; registry fees; lawyers' fees; bailiffs' fees and expenses; notaries' fees and expenses; technicians' fees and expenses; witnesses taxes; fees for translators and interpreters; fees for custom certificates; travel expenses; fees and charges relating to registration; mortgage and pledge formalities; advertising costs in newspapers (Art. 8 of Grand Ducal Reg. of 18.9.95).