

FORM 1
APPLICATION FOR LEGAL AID FOR MATTERS RELATING TO THE
HAGUE CONVENTION ON THE CIVIL ASPECTS OF INTERNATIONAL CHILD ABDUCTION

SECTION 1: PERSONAL DETAILS

1. Full Name: Mr / Ms / Mrs / Miss / Madam* _____

2. Are you applying for legal aid

for yourself on behalf of a minor on behalf of a mentally incapacitated person

Name of minor/patient*: _____

Your relationship to the minor/patient*: _____

3. Home address:

Correspondence address (if different from home address):

4: Contact details:

Telephone number(s):

HOME: (_____) HANDPHONE: (_____) WORK: (_____)

FAX: (_____) OTHER (e.g., relative's phone number): (_____)

(Specify name of person, and relationship to you): _____

E-mail address(es): _____

5: Marital status: Single / Married / Divorced/ Widowed / Separated*

SECTION 2: CASE DETAILS

This application concerns the return of the following child/children*: (full name of child/children* to whom this application relates) who has/have* been wrongfully removed and/or* retained*.

The child/children*..... will attain the age 16 on

I. IDENTITY OF THE CHILD/CHILDREN* AND PARENTS:

To state in relation to each child:

1. Child 1

Name and first name(s):

Date and place of birth:

Habitual residence before removal or retention:

Passport number or identity card number, if any:

Description (and submit a photograph, if possible):

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Relationship of applicant to child:

2. Child 2

Name and first name(s):

Date and place of birth:

Habitual residence before removal or retention:

Passport number or identity card number, if any:

Description (and submit a photograph, if possible):

.....

Relationship of applicant to child:

2. Parents

(a) Mother: Name and first name(s):

Date and place of birth:

Nationality:

Occupation:

Habitual residence:

Address:

Passport number or identity card number, if any:

(b) Father: Name and first name(s):

Date and place of birth:

Nationality:

Occupation:

Habitual residence:

*delete where inapplicable

Address:

Passport number or identity card number, if any:

(c) Date and place of marriage**:

** If never married, state "Not married".

II--REQUESTING INDIVIDUAL OR INSTITUTION (who actually exercised custody before the removal or retention):

Name and first name(s)*:

Date and place of birth*:

Nationality of individual applicant:

Occupation of individual applicant:

Address:

Passport number or identity card number of individual applicant:

Relationship to the child:

Name and address of legal adviser, if any:

III--PLACE WHERE THE CHILD/CHILDREN* ARE THOUGHT TO BE:

1. Information concerning the person alleged to have removed or retained the child/children*:

- Mother
- Father
- Others

If "Others", please fill up the following information:

Name and first name(s):

Date and place of birth, if known:

Nationality, if known:

Occupation:

Last known address:

Passport number or identity card number, if any:

Description (and submit a photograph, if possible):

Address of the child/children*:

2. Other persons who might be able to supply additional information relating to the whereabouts of the child/children*:
(Give full name and address, if possible.)

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*delete where inapplicable

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IV--TIME, PLACE, DATE, AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION:

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V--FACTUAL OR LEGAL GROUNDS JUSTIFYING THE REQUEST:

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VI--ANY COURT PROCEEDINGS IN PROGRESS:

(Including proceedings outside of Singapore and concluded proceedings, whether in or outside Singapore) relating to the relevant child, and particulars of any such proceedings and of any orders made in any such proceedings. (Including interim orders)

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VII—CHILD/CHILDREN* TO BE RETURNED TO:

1. Name and first name(s):
- Date and place of birth:
- Address:
- Telephone number:

*delete where inapplicable

SECTION 3: FINANCIAL DECLARATIONS

Please fill up Section 3 according to your country’s currency (e.g., USD100)

For legal aid to be granted to you, you must pass both the full Means Test (which assesses your financial eligibility for legal aid) and the Merits Test (which assesses whether you have a reasonable case to bring or defend in the courts of Singapore).

Applicants for legal aid must meet the following criteria:

- (a) The average Per Capita Gross Monthly Household Income (PCHI) must be SGD950 or lower for the last 12 months prior to the application; and
- (b) The annual value of applicant’s place of residence owned by the applicant must be SGD13,000 or lower; and
- (c) The applicant’s savings and investments must be less than SGD10,000 or SGD40,000, if aged below 60 years old or above 60 years old respectively.

A. INCOME

1: State the employment history of you and your household members^ for the past 12 months.

^ refers to every other individual related by adoption, blood or marriage who lives in the same place of residence.

Name and relationship	Occupation (e.g., Admin Executive, Student, Unemployed)	Duration of employment and company name	Monthly gross salary before any deductions (e.g., USD100)

2: Are you supporting anyone financially who is staying apart from you? Yes / No*

If yes, please state:

Name	Relationship to applicant

*delete where inapplicable

3: Are you receiving any other sources of income in the last 12 months? Yes / No*
 (e.g., Rental of rooms, maintenance, allowances)

If yes, please state:

Details of income	Duration	Amount (e.g., USD100)

B. ASSETS

1: Do you own any property? Yes / No*

If yes, state:

Address of property:	
Estimated value of property (amount which the property can reasonably be expected to be rented out for from year to year):	

Do you rent out this property? Yes / No*

If yes, state:

Rental amount (e.g., USD100):	
Duration of rent:	

2: Do you have any bank accounts (Personal/ Joint/ Current/ Fixed/ Time)? Yes / No*

If yes, fill up the following:

Type of account	Account Number	Amount balance (e.g., USD100)	Amount balance as at: (DD/MM/YYYY)

3: Do you own any shares in companies or any other investments (e.g., bonds, unit trusts)? Yes / No *

If yes, state the total amount as at time of application (e.g., USD100):

 *delete where inapplicable

C. DOCUMENTS TO BE FURNISHED:

To apply for legal aid, please submit copies of the following documents, where applicable:

Documents relating to you and your financial declarations

- (i) Copy of your valid passport/other nationally recognised form of identification (e.g., Identification card)
- (ii) Deed poll (if you have changed your name)
- (iii) Payslips and/or employment letter(s) from employer(s) stating you and your household members' income for the past 12 months
- (iv) All your latest Personal/Joint/Current/Fixed or Time bank account balance slip(s) or statements
- (v) Rental agreements or written notes from tenants, if you are receiving rental payment for the past 12 months, or are renting a property
- (vi) Documents stating value of your private property, such as a valuation report
- (vii) Statements relating to any investments (e.g., bonds, unit trusts)
- (viii) Documents evidencing your shares in companies
- (ix) If you own a registered business, provide the statement account and latest Profit & Loss statement for the past 12 months.

SECTION 4: DECLARATION

By making an application for legal aid, you have accepted and agreed to be legally bound by these Terms and Conditions. If you do not agree to these Terms and Conditions, please discontinue your application.

1. Declaration on Means

- (i) I will declare to the Legal Aid Bureau (LAB) the truth about my household members and my financial status. I understand that it is an offence to make any false declarations to a public officer from the Ministry of Law. I can be prosecuted for this, and if I am found guilty, I will on conviction be liable to a fine or to a term of imprisonment, or to both.
- (ii) I understand that I am required to inform the LAB of any change in my income or assets prior to the conclusion of the case as a failure to do so is an offence.
- (iii) I understand that by submitting an application, I am giving consent to me, and my household members' personally identifiable data being collected, stored, and used by LAB for the purposes of processing my application, and/or for any other purpose relating to LAB's operations. I also consent to my personally identifiable data being shared with third parties for the purposes of verifying the information provided by me, processing my application, and/or for any other purpose relating to LAB's operations and the requirements under the Legal Profession Act or other legislation. I understand that details of the data consent terms and conditions can be found on the LAB's website.

2. Conditions for Being Granted Aid

- (i) I agree to abide by the following conditions in return for:
 - (a) my application for aid being considered by the LAB and,
 - (b) for my application to be granted aid for the time being pending a decision by the Legal Aid Board on whether aid should be granted for my case, if approved.
- (ii) I understand that if I fail to comply with any of the conditions set out in paragraphs 1 to 9 below, legal aid may not be granted, or may be cancelled.

Remaining contactable, attending appointments

1. I will update the LAB of any change in my contact particulars within 5 working days through go.gov.sg/contactminlaw.
2. I will be contactable at the telephone number(s) I have provided from 8.30 am to 5.30 pm (Singapore Time).
3. I will respond to any requests written by the LAB, sent to my residential/e-mail address(s) and/or fax number(s), to furnish the LAB with documents and information, within 5 working days of receiving the relevant communications.

Contribution and costs

4. I will pay the contribution fees (if any) assessed by the LAB toward the costs of the work to be done for my case within the specified period.

*delete where inapplicable

5. I will pay for any disbursements involved in the application such as but not limited to, the costs of affirmation, notarisation, translation of affidavits, procuring expert reports and/or mediation fees.

Furnishing information

6. I will furnish whatever information and documents requested by the LAB (and/or my assigned solicitor) in connection with my case or my means.
7. I will consent to the LAB and/or my assigned solicitor requesting for whatever information and documents from any third parties he sees fit in connection with my case or my means and will sign whatever consent form(s) are necessary to facilitate this.
8. I will update the LAB of any changes to my means and the key details about my case which have been set out in this application.

Legal advice

9. I will follow the advice given by the LAB and/or my assigned solicitor regarding how best to conduct my case, including any advice to attend mediation and/or counselling sessions to attempt to resolve the matter amicably.

Signature of Applicant

Date:

*delete where inapplicable