



LEGAL SERVICES APPLICATION FORM

1. Details of Complainant::

Name::

Address::

State::

District::

Pin code::

Email::

Mobile No::

Whatsapp ::

Sex ::

2. Details of Victim::

Whether the complainant is the victim? YES / No

Name ::

Date of Birth ::

Address ::

State ::

District ::

Pin code::

Email ::

Mobile No.::

Whatsapp::

Sex ::

Religion ::

Caste :

Whether differently abled ::

NOT APPLICALE

MENTALLY

PHYSICALLY

3. Details of Respondent (Opposite party) ::

Name :: Sex::

Father's Name :: Religion ::

Address ::

State :: District ::

Pin code:: Mobile No.::

4. Details of Complaint::

Department of the Respondent (if applicable)

Date of Incident::

Is your case pending before any court:: YES/NO

if yes, then mention case number::

5. Legal Services::

Nature of legal Services::

Summary of problem for which legal Services::

6. Whether any Case has been filed previously::

YES

NO

If Yes, Case Type::

If Yes, Case No::

Court Type::

State ::

Dist::

7. Whether any Application has been filed previously::

If Yes, Department's Name::

Action Taken::

Enter some application information below::

DECLARATION

I, _____ the above named, do hereby verify that the contents above are true and correct to my knowledge and that portion is false and that that said Affidavit conceals nothing which is Relevant to the above matter.

Date:: _____

Place:: _____

Signature of applicant