

FAMILY COUNSELLING CENTRE

Conducted By
LEGAL AID SERVICES – WEST BENGAL

Application Form for Legal Aid & Assistance

Central Office : 5, K. S. Roy Road, Kolkata-700001.

Sir,

I.....

(In capital) Legal Aid Services – West Bengal (LASWEB) require Legal Aid /Counselling.

1. Name of Applicant.....
Address (In capital) a) present
.....
b) permanent.....
.....
c) Occupationd) Income(Monthly).....
e) Name of Workplace.....
f) Address of Workplace
.....
2. Father/Husband/Wife/Brother.....Age.....
Educational QualificationOccupation.....
Income (Monthly).....Name of Workplace.....
Address of Workplace.....
.....
3. Name of Opposite Party.....
Address.....
Age.....Educational Qualification.....
Occupation.....Income(Monthly).....
Name of Workplace
Address of Workplace.....
.....

4. If Married / Unmarried / Joint Family .

Sons	Name	Age	Occupation/Educational Qualification	Income

Daughter	Name	Age	Occupation/Educational Qualification	Income

5. Number of Family Members.....

6. Family Income(Monthly).....

7. Resident & Dependent Family Members.

Sl. No.	Name	Age	Occupation	Income

8. Residing at own House/Rented House/Matrimonial House/Paternal House/
Husbands/Son's House/Daughter's House.....
Address.....

9. Name of owner of the house.....

10. Rent of house/value of ownership house or land.....

11. Ability to bear expense of litigation Yes..... .. No.....

12. I am able to bear partial expense of litigation approximately Rs.....
monthly.

13. Brief personal details as under :

14. The above details are true to the best of my knowledge.

Place :

Date :

Signature of Applicant.

Witness :

Recording Officer

Counsellor

