

WESTERN CAPE OFFICE

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Reference No:

APPLICATION FOR PRO BONO LEGAL ASSISTANCE

1. PERSONAL PARTICULARS OF THE PRO BONO CLIENT:

Title: (Mr; Mrs; Ms; Miss) _____ First Name: _____ Surname: _____

Identity Number: _____ Gender (Male/Female): _____

Residential Address: _____

Postal Address: _____

Postal Code: _____

Telephone Number: Home _____ Work: _____ Cell: _____

Email Address: _____

Marital Status: (Married; Single; Divorced; Widowed) _____

2.1. FINANCIAL INFORMATION OF THE PRO BONO CLIENT: (complete what is applicable to you)

Employment Status: (Employed; Unemployed; Pensioner; Other) _____

Monthly Gross Salary: (Please provide us with the most recent payslip) _____

Pension Amount: (State/Private) _____

Other Income: (Please Specify) _____

Value of Fixed Property: (Please provide us with a Municipal Property Valuation) _____

(Please provide us with an affidavit of unemployment if you are not working)

2.2. FINANCIAL INFORMATION OF THE SPOUSE: (complete only if you are married)

Employment Status: (Employed; Unemployed; Pensioner; Other)

Monthly Gross Salary: (Please provide us with the most recent payslip)

Pension Amount: (State/Private)

Other Income: (Please Specify)

Joint Household Income:

(Please provide us with an affidavit of unemployment if your spouse is not working)

3. PARTICULARS OF YOUR LEGAL MATTER:

Have you instructed / consulted an attorney?

If yes, please provide the Name and contact details of the attorney:

Has your matter been to Court?

If yes, what is the name of the Court?

What was the outcome of the court proceedings?

When are you required to appear in court again?

Please provide us with a brief summary of your legal matter:

(Should you require more space, please add additional page/s)

What outcome do you desire?

4. CESSION OF COSTS:

The Applicant acknowledges that, in the event that this application for pro bono services is successful that in any legal proceedings or in any dispute in respect of which legal services are rendered on a pro bono basis to the Applicant by a legal practitioner, and costs become payable to the Applicant in terms of a judgment of the court or a settlement, or otherwise, such Applicant, shall by signing this application, be deemed to have ceded his or her rights to the costs to the Legal Practice Council : Western Cape Office.

5. DECLARATION BY THE APPLICANT:

I (print full name and surname) _____ do hereby confirm that the information contained in this form which was provided by me is within my personal knowledge, and is true and correct. I understand that failure to give all the facts in this form or during consultation will result in my application being refused / cancelled on the basis of non-disclosure of important information and /or dishonesty.

SIGNATURE: _____

DATE: _____

CHECKLIST OF SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THE COMPLETED APPLICATION FORM:

1. Copy of Identity document
2. Recent Payslip /Proof of income (if you are employed);
3. Unemployment Affidavit (if unemployed)
4. 3 months recent bank statements for all bank accounts
5. Municipal property valuation (if you are a homeowner)

If you are married we require the following supporting documents for your spouse:

1. Copy of Identity document
2. Recent Payslip/Proof of income (if s/he is employed);
3. Unemployment affidavit (if s/he is unemployed)
4. 3 months recent bank statements for all bank accounts