

## LEGAL AID FORM

The provisions governing the prerequisites for the receipt of legal aid are contained in the Legal Aid Regulations (hereinafter referred to as “the Regulations”) of Qatar Sports Arbitration Tribunal (hereinafter referred to as “the QSAT”).

With due consideration to article (3) of the Regulations, any information included in this form and any documents attached thereto will be treated confidentially.

Legal aid is granted or refused upon a decision taken by the QSAF board, such decision is final and not subject to appeal.

Legal aid has no retroactive effect. As such, it takes effect from the day it is requested and ends upon conclusion of the proceedings before the QSAF unless it is revoked earlier by the QSAF Board.

### A. PERSONAL INFORMATION OF THE APPLICANT

(mark the appropriate box with ✓)

Mrs.  Mr.

Surname Name : \_\_\_\_\_

First Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Nationality : \_\_\_\_\_

Marital Status :  Single  Married  Divorced  Widowed

No. of Children : Minor : \_\_\_\_\_

: Full legal age: \_\_\_\_\_

Current Position : \_\_\_\_\_

Sports Profession : \_\_\_\_\_

Personal Address : Address : \_\_\_\_\_

: \_\_\_\_\_

P.O Box :

Telephone : (+ - )

Mobile : (+ - )

Telefax : (+ - )

Email : \_\_\_\_\_

## B. THE APPLICANT'S FINANCIAL SITUATION

### 1. The Incomes

a. Monthly Salary : \_\_\_\_\_

b. Non-salaried income : Bonuses / commissions : \_\_\_\_\_

: From Sponsors : \_\_\_\_\_

: From Sports Organizations : \_\_\_\_\_

c. Unemployment benefits : Social Security allowances / Month : \_\_\_\_\_

: Benefits in kind : \_\_\_\_\_

: Monthly Rent received : \_\_\_\_\_

: Movable property (Stocks / Shares/  
Capital etc..) : \_\_\_\_\_

: Estimated value of immovable  
property : \_\_\_\_\_

: Other resources : \_\_\_\_\_

: \_\_\_\_\_

*You may continue on a separate sheet if necessary.*

*The information listed above must be substantiated by supporting documents.*

d. Applicants' Spouse

Profession

: Income : \_\_\_\_\_

: Assets : \_\_\_\_\_

## 2. The Expenditures

a. Family living expenses / Month : \_\_\_\_\_

b. House :  Own  Rent

(if this box is ticked, please fill in the rental value below)

Rental Value : \_\_\_\_\_

c. Debts : \_\_\_\_\_

d. Other Expenditures : \_\_\_\_\_

: \_\_\_\_\_

*You may continue on a separate sheet if necessary.  
The information listed above must be substantiated by supporting documents.*

## C. FORM OF LEGAL AID REQUIRED

Pursuant to article (6) of the Regulations, the Applicant requires the legal aid as follows:

(mark the appropriate box with ✓)

a.  : Costs of the Procedures

b.  : Advance of Costs

c.  : "Pro bono" Counsel from the QSAT relevant list.

d.  : Applicant's own travel and accommodation costs in connection with QSAT hearings.

e.  : The travel and accommodation costs of the applicant's experts in connection with QSAT hearings.

f.  : The travel and accommodation costs of the applicant's witnesses in connection with QSAT hearings.

- g.  : The travel and accommodation costs of the applicant's interpreters in connection with QSAT hearings.

## D. PROCEEDINGS BEFORE QSAT

(mark the appropriate box with ✓)

a. Status of the Applicant :  Claimant  Respondent

b. Name of the opposing party (ies) :

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c. Brief summary of the facts of the case

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*You may continue on a separate sheet if necessary*

f. Brief summary of the grounds for the applicant's claim/ defence/appeal.

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*You may continue on a separate sheet if necessary*

g. Enclosures of the Application

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**E. Declaration of the Applicant**

I, the undersigned, declare that the information contained in this application form is correct and accurate.

Place and date :

\_\_\_\_\_

Full Name:

\_\_\_\_\_

Signature of the applicant/applicant's representative:

\_\_\_\_\_