

**FORM 1**



**REPUBLIC OF NAURU**  
**OFFICE OF THE PUBLIC LEGAL DEFENDER**

**APPLICATION FOR LEGAL AID**

[Please fill the form and attach any relevant document to help us determine your request for legal aid]  
[IF YOU PROVIDE FALSE OR MISLEADING INFORMATION IN THIS FORM,  
YOUR APPLICATION MAY BE REJECTED]

<b>A. PERSONAL DETAILS</b>												
1.	<b>Full Name</b>											
2.	<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss										
3.	<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female										
4.	<b>Nationality</b>											
5.	<b>Date of Birth</b>											
6.	<b>Address</b>											
7.	<b>Contact Details</b>	Tel:                      Email:										
8.	<b>Employment Status</b>											
9.	<b>Have you applied for OPLD assistance before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
10.	<b>What is your occupancy status?</b>	<input type="checkbox"/> At Home <input type="checkbox"/> Detention <input type="checkbox"/> Remand If detained or remanded, since when? _____										
11.	<b>Do you need an interpreter?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____										
12.	<b>What is your marital status?</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other										
13.	<b>What is your level of education</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary										
14.	<b>Who do you live with?</b>	<table border="1"><thead><tr><th><b>Name</b></th><th><b>Relation to You</b></th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	<b>Name</b>	<b>Relation to You</b>	_____	_____	_____	_____	_____	_____	_____	_____
<b>Name</b>	<b>Relation to You</b>											
_____	_____											
_____	_____											
_____	_____											
_____	_____											



### C. YOUR INCOME

18.	<b>How much money do you get each week?</b>	<b>Source</b>	<b>Total</b>
		Employment salary	
		Interest	
		Trust money	
		Rent from property	
		Person living with you	
		From anywhere else	
		<b>TOTAL</b>	
19.	<b>(a) What is your spouse's employment status?</b>		
	<b>(b) What is your spouse's employment income?</b>		
20.	<b>(a) If you are a child living with your parents/guardians, are they employed?</b>		
	<b>(b) What is your parents/guardians weekly income?</b>		
21.	<b>How much money do you spend each week?</b>	Expenses (groceries etc)	
		Rent	
		Mortgage	
		Loans	
		Maintenance (child/spousal)	
		Medical expenses	
		Electricity/water	
		Any other expenses	
<b>TOTAL</b>			
22.	<b>Do you have any other money, or source of money that you have not told us about? If so, how much is it?</b>		

### D. ASSETS (THINGS WHICH YOU OWN)

23.	<b>Do you own any of the following in Nauru or abroad?</b>			
	<b>Assets/Things</b>	<b>Yes</b>	<b>No</b>	<b>Market Value</b>
	Home/Land			
	Car/Motorbike			
	Business			
	Anything else of value			
	<b>TOTAL</b>			

**Outline any further detail/information relevant to your legal issue or any other important information.**

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I certify that the information provided by me in this form is true and accurate and I make this statement knowing that my application for legal aid may be refused for providing false or misleading information.

I understand that I must provide such further information as is requested of me.

I also understand that I must keep in contact with the Office of the Public Legal Defender until my matter has been finalised.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved/Not approved**

Further comments from Director: \_\_\_\_\_

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Office of the Public Legal Defender  
Government Buildings  
Yaren District  
Republic of Nauru

Contact: Ravuanimasei Tagivakatini

(+674 557 3506)

Contact: Victor Soriano

(+674 557 3387)

**FORM 2**



**REPUBLIC OF NAURU  
OFFICE OF THE PUBLIC LEGAL DEFENDER**

**APPLICATION FOR REVIEW WHERE LEGAL AID IS REFUSED**

<b>A. DETAILS</b>		
1.	<b>Full Name</b>	
2.	<b>Date applied for legal aid</b>	
3.	<b>Date received refusal letter from Director</b>	
4.	<b>What are the reasons given by the Director?</b>	
5.	<b>What are the reasons that you disagree with?</b>	
6.	<b>Have you addressed the reasons given by the Director? If so, how?</b>	

I hereby confirm that I wish to have my application for legal aid reviewed by the Secretary for Justice and Border Control, pursuant to Clause 13 of the Guidelines.

**Signed:** \_\_\_\_\_  
Applicant

**Date:** \_\_\_\_\_

**Received:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORM 3**



**REPUBLIC OF NAURU**  
**OFFICE OF THE PUBLIC LEGAL DEFENDER**

**WITHDRAWAL OF REPRESENTATION**

I \_\_\_\_\_ of \_\_\_\_\_ District:-

Do hereby wish to engage my counsel of choice.

I wish to engage the services of \_\_\_\_\_ to appear on my behalf, until the final determination of this matter.

I was not forced, coerced, assaulted or threatened in any way by anyone to engage the services of \_\_\_\_\_. I make this decision of my own accord.

Following the above advice and my understanding of the same, I indemnify the Office of the Public Legal Defender and its staff, including my counsel of any liabilities, issues or complaints arising from my withdrawal of legal aid.

.....  
Client Name: \_\_\_\_\_  
Date: \_\_\_\_\_

.....  
Counsel: \_\_\_\_\_  
Date: \_\_\_\_\_

**FORM 4**



**REPUBLIC OF NAURU  
OFFICE OF THE PUBLIC LEGAL DEFENDER**

**PLEA DECLARATION**

I ..... of ..... District am charged with the offence(s) of .....

I have been advised on the charge(s) against me and have also been advised on the maximum penalty and the tariff for the charge(s).

I have been advised on the plea options available to me and the meaning of each plea. I have also been advised on the consequences of the plea, which may include a custodial sentence.

In addition, the available evidence in the file has been explained to me as well. I understand the explanations and advice as they were made to me in the ..... language.

After the explanations and advice, I wish to enter a Guilty / Not Guilty plea. I was not forced, coerced, assaulted or threatened in any way by anyone to make this plea. I am pleading Guilty / Not Guilty on my own free will with full understanding of its consequences.

Following the above advice and my understanding of the same, I indemnify the Office of the Public Legal Defender and its staff, including my counsel of any liabilities, issues or complaints arising from my plea.

.....  
Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
Counsel: \_\_\_\_\_

Date: \_\_\_\_\_