



LEGAL AID APPLICATION FORM

The information given on the present form and any documents attached thereto are treated in confidence by the International Council of Arbitration for Sport (ICAS).

Pursuant to art. S6 §9 of the Code of Sports-Related Arbitration, if it deems such action appropriate, the ICAS creates a legal aid fund to facilitate access by parties to arbitration through the Court of Arbitration for Sport (CAS). Any request for legal aid must be made to the ICAS, whose decision is final and without appeal. Legal aid may be requested at any time, but cannot be granted retroactively.

Legal aid is granted to any natural person who requests it, provided that his/her income and capital are not sufficient to allow him/her to cover the costs of proceedings before the CAS without drawing on that part of his/her assets necessary to support him/herself and his/her family.

Legal aid is refused, *inter alia*, (a) if the applicant is not in the situation described above; (b) if it is obvious that the applicant's claims or grounds of defence have no legal basis; (c) if it is obvious that the proceedings will not be begun or pursued by a reasonable litigant conducting his/her case at his/her own expense.

APPLICANT'S SURNAME:..... FIRST NAME:.....

DATE OF BIRTH: NATIONALITY:

HOME ADDRESS:
.....
.....
.....

TELEPHONE: FAX:

CIVIL STATUS: PROFESSION:

SPORTS ACTIVITY:

NO. OF CHILDREN WHO ARE MINORS: OF FULL AGE:.....



DETAILS OF THE APPLICANT'S FINANCIAL SITUATION:

Monthly income*:

Payments from sponsors:

Payments from sports organizations (e.g. National Olympic Committees, National Federations, International Federations.):

State social security benefits*: per month

Other benefits (benefits in kind, commissions, tips, bonuses):

Monthly rent, including service charges*:

Does the claimant have his/her own home or is he/she lodging with a third party?.....

If the applicant is not living with his/her spouse, how much maintenance does he/she

- receive from his/her spouse:

- pay his/her spouse and/or his/her children:

Movable and immovable assets:

Total debts*:

Profession, assets and income of applicant's spouse:

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Other information:

*** Include supporting documents**

SCOPE OF ASSISTANCE REQUIRED (mark the appropriate boxes with a cross):

Assistance for CAS administrative costs

Assistance by a pro bono counsel*

Assistance for the applicant's own travel and accommodation costs in connection with any CAS hearing, as well as the travel and accommodation costs of any witnesses, experts, interpreters and pro bono counsel, as applicable.



* If the assistance of a pro bono counsel is requested and agreed by the ICAS, the ICAS shall provide names of potential pro bono counsel for the Applicant to choose from.

INFORMATION ON THE PROCEDURE

The applicant is claimant / respondent (delete as applicable)

Name of the opposing party:

Brief summary of the facts of the case and what is at stake in the procedure:

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Enclosures produced by the applicant:

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Conseil International de l'Arbitrage
en matière de Sport

International Council of Arbitration
for Sport

The undersigned certifies that the information given on the present form is accurate.

Place and date:

Signature of the applicant or his/her representative:

Please return to:

International Council of Arbitration for Sport, Chateau de Béthusy, 2 Avenue de Beaumont, 1012
Lausanne, Switzerland, Fax: (41 21) 613 50 01.

Form updated : January 2017