

SCHEDULE

Form I

Regulation 8

THE ADVOCATES (LEGAL AID TO INDIGENT PERSONS)
REGULATIONS, 2007

APPLICATION FOR REGISTRATION AS A LEGAL AID PROVIDER

Date

- 1. Name of applicant.....
- 2. Address.....
.....

3. Physical location of premises.....

4. Geographical area of operation.....

5. Name and qualifications of legal personnel employed

	<i>Name</i>	<i>Qualifications</i>	<i>Experience</i>

6. Nature of services provided.....
.....

7. Indicate (by ticking) whether you meet the basic requirements specified below-

- Suitable desk for the advocate or lawyer
- Suitable desk for the para legal
- A separate room for the advocate lawyer and the para legal, separate from that of other non-legal staff
- A secretarial desk and a computer or type writer
- A reception with chair or benches for clients
- A book shelf
- A chest of drawers or filing cabinet
- A reasonable collection of reference legal materials including a full set of Revised Laws of Uganda
- Toilet and sanitary facilities
- Properly kept files

8. Do you have any branches?
9. If yes, where are they located?
10. Do the branches meet the basic requirements specified in paragraph 7?

Signature of applicant.....

Checked by
Law Council