



# Application For Legal Aid (Wang Fuk Court, Tai Po)

Tick  or  as appropriate

Legal Aid Department

## Official Use

AN : \_\_\_\_\_

AD : \_\_\_\_\_

PLAR : \_\_\_\_\_

### PART 1 YOUR PERSONAL PARTICULARS

Mr Name in Block Letters (Surname First)

Mrs

Ms

Miss \_\_\_\_\_

Name in Chinese \_\_\_\_\_

HKID Card No.  Passport / Travel Document No.

Date of Birth

Day Month Year

Marital  
Status:

Single  Married  Divorced  Widowed

Mobile \_\_\_\_\_

Address at Wang Fuk Court

Wang Yan House  
(Block A)

Wang Tao House  
(Block B)

Email  
Address \_\_\_\_\_

Wang Sun House  
(Block C)

Wang Kin House  
(Block D)

Wang Tai House  
(Block E)

Wang Cheong House  
(Block F)

Wang Shing House  
(Block G)

Wang Chi House  
(Block H)

Current Correspondence Address

Floor No. : \_\_\_\_\_ Room No. : \_\_\_\_\_

### PART 2 NATURE OF INTENDED PROCEEDINGS

Home Property and Financial Loss

Injured on the day of Wang Fuk Court Fire and you were then working (e.g. domestic helper, security guard, cleaning worker, construction site worker)

Injured on the day of Wang Fuk Court Fire (e.g. residents (tenants included) or visitor)

Claim damages for relatives who passed away in the fire

Also apply for Probate

Death Inquest at Coroner's Court

Others : \_\_\_\_\_

**PART 3 YOUR OCCUPATION**

Employment : \_\_\_\_\_

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

**SPOUSE'S INFORMATION**

Name in Block Letters (Surname First)

Name in Chinese

\_\_\_\_\_

Employment : \_\_\_\_\_

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

**PART 4 DECEASED RELATIVES' INFORMATION (IF APPLICABLE) :**

Name : \_\_\_\_\_ Age : \_\_\_\_\_

Relationship with you : \_\_\_\_\_

Name : \_\_\_\_\_ Age : \_\_\_\_\_

Relationship with you : \_\_\_\_\_

**PART 5**

**Money in Bank (Including all Joint Accounts)**

Name of Bank	Latest Balance	A/C Number (If you can provide )
(1) _____	\$ _____	_____
(2) _____	\$ _____	_____
(3) _____	\$ _____	_____
(4) _____	\$ _____	_____
(5) _____	\$ _____	_____

**Have you purchased any Life Insurance**

- Yes
- No

Name of Insurance Company

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**Have you purchased any Home Insurance**

- Yes
- No

Name of Insurance Company

- (1) \_\_\_\_\_

**Cash in hand** \$ \_\_\_\_\_

I authorize my case social worker under ‘one social worker per household’ arrangement to follow up my legal aid application and make enquiry on the progress of my legal aid application

Name of the social worker : \_\_\_\_\_

Contact tel. no. of the social worker : \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

