

Case identifier:

Statement of the person interested in obtaining legal assistance

1. I declare that my financial situation does not allow me to cover the costs of professional legal assistance and that the case in which I am requesting legal advice is not being handled by an attorney or legal counsel or any other person providing legal assistance; nor do I use the legal assistance of any other university legal clinic.
2. I declare that I am familiar with the Information on the provision of service by the Student Legal Services (hereinafter the "SPP") provided by the Student Legal Services Education Center (hereinafter the "SPP" Center) of SWPS University (hereinafter the "SWPS University") and the Regulations of the SPP Center.
3. I hereby acknowledge and confirm that:
 - 1) The SPP only provides services to persons whose financial situation does not allow them to cover the costs of professional legal assistance;
 - 2) in the event that the SPP becomes aware of the fact that the statement contained in section 1 above is false, including that the client is using professional legal assistance, the SPP will discontinue providing legal assistance in the given case;
 - 3) legal assistance is provided in a particular section of the SPP by a student of the Faculty of Law of SWPS University, under the guidance of a Section Supervisor;
 - 4) the legal advice provided to the client of is of a consultative nature and its purpose is to clarify all the relevant circumstances and indicate possible ways of proceeding in the given case, however it is the Client who decides whether to proceed further with their case;
 - 5) if, as a result of the issue of a legal opinion or the lack thereof, any damage is incurred, except for cases of deliberate guilt, liability for damages of the SWPS University and its employees and students is hereby excluded;
4. I have been advised that I may notify the Board of the Legal Clinics Foundation about the manner of provision of legal assistance in writing to the following address: ul. Szpitalna 5 lok. 5, 00-031 Warszawa or by e-mail to the following address: zarzad@fupp.org.pl.
5. Furthermore, I have been informed that the submission of the aforementioned statement is voluntary.

Warsaw,

Full name.....

Telephone number and e-mail

address

.....
(signature of the person interested in obtaining legal assistance)

Consent to the processing of personal data by the person interested in obtaining legal assistance

I hereby represent that in the event of voluntary provision of my personal data of special category by me (i.e. the data referred to in Article 9 section 1 of the GDPR) for the purpose of providing legal assistance by the SPP, I expressly consent to the processing of such data by SWPS University for the purposes stated above.

The consent for the processing of personal data may be withdrawn at any time, which does not affect the lawfulness of processing carried out on the basis of the consent before its withdrawal, however prevents further handling of the case.

Warsaw,

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(signature of the person interested in obtaining legal assistance)