## **APPLICATION FORM**

## **Enhanced Student Support Scheme at Small Claims Tribunal**

By filling in this form, you are expressing your interest to participate in the Enhanced Student Support Scheme at the Small Claims Tribunal (the "Programme"). Under the Programme, one or more law students, under the supervision of their professor, will provide you with administrative and other support for the proceedings.

Please note that all applications will be reviewed by the Ministry of Law. You will be informed of whether your application has been accepted within 14 days of the date it is received by the Ministry of Law.

**SECTION A: Personal Particulars** 

Full Name (as in NRIC):
ID Number:
Contact Number:
Email Address:
Language Proficiency:
Able to speak English? □ Yes □ No
If no, preferred language:
Able to write in English? □ Yes □ No
If no, preferred language:
SECTION B: Reason for Application
I need assistance under the ESSS because (please tick all that apply):
☐ I am digitally illiterate
☐ I am not literate in English
$\square$ I am literate in English but I experience significant language barriers when using English to communicate
☐ I have a mental or physical disability or condition (please specify:)
SECTION C: Case Details
Case File Reference Number:
Next Court Date and nature of hearing (if any):
Details of Claim/Counterclaim:

Amount in dispute:
SECTION D: Financial Information
Employment Status: $\square$ Employed $\square$ Self-employed $\square$ Unemployed $\square$ Retired
Gross Monthly Income:
Bank Accounts Savings:
Non-CPF investments (if any):
Number of Dependents:
Are you receiving any financial assistance?: $\square$ Yes $\square$ No If yes, please specify:
SECTION E: Nature of Application
I am applying for assistance with the following (please tick all that apply)*:
☐ Preparation and organisation of documents
$\Box$ Practical guidance on non-legal issues (e.g. how to arrange evidence for easy reference, what to expect at the Tribunal hearing, tips for presenting information clearly)
☐ Interpretation of spoken communications during proceedings
☐ Translation of documents
☐ Accompanying me to hearings/mediation sessions to provide emotional/moral support
$\hfill\square$ Helping me think through my case beforehand and what I want to say at the mediation session
□ Note-taking during proceedings
☐ Explaining court procedures
* The assistance rendered would be subject to the professor's assessment of the assistance that

## **SECTION F: Declaration, Waiver and Consent**

"Support Providers" means The Government of the Republic of Singapore and its agencies, the National University of Singapore / Singapore Management University / Singapore University of Social Sciences and their affiliated entities, the Supervising Professors and Student Volunteers, and any other persons involved in providing the support services.

<sup>\*</sup> The assistance rendered would be subject to the professor's assessment of the assistance that is required on a case-by-case basis. Please note that legal advice and legal representation will **not** be provided under the Programme.

$\Box$ I declare that all information provided in this application is true and accurate, and I understand that false information may result in rejection or termination of assistance.
$\Box$ I understand that submission of this application does not guarantee acceptance, and the final decision rests with the Ministry of Law.
$\Box$ I acknowledge that if selected, my participation is voluntary, I may withdraw at any time, and I remain fully responsible for my case and its outcome.
$\square$ Should I be selected for the Programme, I voluntarily assume all risks associated with participating in this Programme and waive all rights to make claims against the Support Providers, releasing them from all liability arising from the Programme.
$\Box$ Should I be selected for the Programme, I agree to indemnify the Support Providers against any claims arising from my participation.
$\hfill \square$ I consent to the collection, use, and disclosure of my personal data for the purposes of the Programme.
□ I undertake not to call upon any Support Providers as witnesses in any legal proceedings arising from or connected to the case for which I am seeking assistance under this Programme
Date:
Signature of Party: