法律援助申请表

岳劳人援〔2022〕 号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请人基本情况** | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | 性别 | |  | | | 出生日期 | | | |  | | | | 民族 | |  | |
| 身份证号 |  | |  |  |  |  |  |  | |  | |  |  |  | |  |  |  |  |  |  |  |
| 户籍所在地 | |  | | | | | | | | | | | | | | | | | | | | |
| 经常居住地 | |  | | | | | | | | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | 联系电话 | | | |  | | | | |
| **被申请人基本情况** | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | |  | | | | | | | | | | | | | | | | | | | | |
| 法定代表人 |  | | | | | 联系人 | | |  | | | | | 联系电话 | | | |  | | | | |
| 单位住所 |  | | | | | | | | | | | | | | | | | | | | | |
| **案情及申请理由概述** | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺以上所填写内容和提交的证件、证明材料均真实。  申请人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 |  | | | | | | | | | 审核人 | | | |  | | | | | | | | |

**岳阳市劳动人事争议仲裁院法律援助工作站**

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