

Center for Strategic Litigation

**Application Form**

<b>Applicant's Personal Information</b>	
Name and Surname:	Date of Birth:
Citizenship:	Address:
Email:	Phone Number:
<b>Case Information</b>	
Please explain in sufficient detail below how you believe your rights have been violated by the public authorities in Kosovo. When possible, please state the dates of important events that form the basis of your claim.	
<i>[please type with computer]</i>	
Please list and explain below the proofs that demonstrate the violations you have stated above, <i>i.e.</i> contracts, decisions, documents, hospital invoices etc. If you do not have any proofs, please indicate whether you will be able to obtain them at a later time.	
<i>[please type with computer]</i>	

Date:

\_\_\_\_\_

Applicant's Signature:

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