|  |
| --- |
| **OFFICE OF STAFF LEGAL ASSISTANCE**  **Client Intake Form** |

Please complete all mandatory fields with the red asterisk \*

|  |
| --- |
| **Personal Details** |
| Are you requesting assistance on behalf of another (former) staff member? Y/N Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name(s) \* | Click or tap here to enter text. | Given Name(s) \* | Click or tap here to enter text. |
| Date of Birth \* | Click or tap here to enter text. | UN Index Number \* | Click or tap here to enter text. |
| Gender \* | Choose an item. | Entry on Duty | Click or tap here to enter text. |
| UNJSPF Number | Click or tap here to enter text. | Nationality \* | Click or tap here to enter text. |
| Functional Title \* | Click or tap here to enter text. |

Details of staff member, former staff member or deceased staff member

Contact Information (of person filling out form)

|  |  |
| --- | --- |
| Mailing Address \* | Click or tap here to enter text. |
| Permanent Address | Click or tap here to enter text. |
| Home Phone \* | Click or tap here to enter text. |
| Work Phone \* | Click or tap here to enter text. |
| Mobile Phone | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |
| Email \* | Click or tap here to enter text. |
| Alternative Email | Click or tap here to enter text. |
| Skype ID | Click or tap here to enter text. |
| Time Zone | Click or tap here to enter text. |

|  |
| --- |
| **Request Details** |

Case Information

|  |  |
| --- | --- |
| Have you previously contacted OSLA?  If so, when? | Click or tap here to enter text. |
| Please enter the decision or action you wish to contest or the area on which you would like advice | Click or tap here to enter text. |

Who took the decision or action you would like to question or challenge or seek advice on?

|  |  |
| --- | --- |
| Who took the decision or action you would like to question or challenge or seek advice on? | Click or tap here to enter text. |
| Decision-making Entity  (who took the contested decision) | Click or tap here to enter text. |

Employment Information at time of Contested Decision

|  |  |  |  |
| --- | --- | --- | --- |
| Employing Entity of Staff Member \*  (at time of contested decision) | Click or tap here to enter text. | | |
| Duty Station \* (city) | Click or tap here to enter text. | | |
| Continent / Region \* | Choose an item. | | |
| Contract Type \* | Choose an item. | | |
| Category / Grade / Step \* | Choose an item. | Choose an item. | Choose an item. |
| Current Employment Status\* | Click or tap here to enter text. | | |

Current Employment Information

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employment Information \* | Click or tap here to enter text. | | |
| Duty Station \* (city) | Click or tap here to enter text. | | |
| Continent / Region \* | Click or tap here to enter text. | | |
| Contract Type \* | Choose an item. | | |
| Category / Grade / Step \* | Choose an item. | Choose an item. | Choose an item. |

|  |  |  |
| --- | --- | --- |
| Do you have an immediate deadline? | Choose an item. | Deadline:Click or tap to enter a date. |
| If OSLA is in a position to provide Legal Representation, do you authorize the chief of OSLA to appoint counsel on your behalf? \* | Choose an item. | |
| Have you approached the Ombudsman, your managers or other parties to seek informal resolution of this matter: Please provide details in your chronology in the next tab | Choose an item. | |
| Today's Date | Click or tap to enter a date. | |

|  |
| --- |
| **Chronology** |

Concise Timeline / Chronology of my Case

|  |  |  |
| --- | --- | --- |
| Date | Description | Supporting Documents |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Consent Form for Legal Representation by the Office of Staff Legal Assistance**

I consent to the Office of Staff Legal Assistance (OSLA) arranging to provide my legal representation. I consent to OSLA-appointed legal counsel accessing my UN personnel files and records. I agree that OSLA legal counsel may make enquiries with parties, both UN and non-UN, concerning my employment and performance record and may seek any other relevant information as required.

I authorize the Chief of OSLA to appoint a legal counsel on my behalf. I understand that the Chief of OSLA has the sole discretion of changing/substituting/alternating legal counsel representing me whenever he/she deems it appropriate and necessary. The Chief of OSLA’s duty towards me will be limited to notifying me of the new legal counsel taking over my case.

I understand that OSLA legal counsel will keep me advised in conformity with a lawyer-client relationship of the actions taken on my behalf, including any steps toward a possible informal resolution of the dispute. I understand that OSLA will make an assessment of whether they are in a position to provide legal assistance in my case. For this purpose OSLA may determine that my case is unlikely to succeed and thereby they will not be able to provide legal assistance and representation.

I further understand that OSLA-appointed legal counsel may withdraw for good cause from any matter in which he or she has agreed to act on my behalf. ‘Good cause’ shall include, but not be limited to, any situation in which a client seeks to insist upon a course of action incompatible with counsel’s duties under the UN staff rules and regulations, the law and legal ethics, and to the UN Tribunals as officers of the court. A persistent failure to cooperate with or follow the advice of my legal counsel, or a serious breach of confidentiality or trust between counsel and the client may result in withdrawal of counsel from my case. OSLA-appointed counsel may withdraw should I engage or retain outside counsel to handle my legal representation, unless a specific co-counsel arrangement is agreed upon.

I further understand that in conformity with the respective Statutes of the UN Dispute Tribunal and UN Appeals Tribunal, as enacted by General Assembly Resolution 63/253 of 24 December 2008, as part of its judgment, the Tribunals may inter alia order one or both of the following:

(a) Rescission of the contested administrative decision or specific performance, provided that, where the contested administrative decision concerns appointment, promotion or termination, the [Dispute or Appeals] Tribunal shall also set an amount of compensation that the respondent may elect to pay as an alternative to the rescission of the contested administrative decision or specific performance ordered, subject to subparagraph (b) of the present paragraph;

(b) Compensation for harm, supported by evidence, which shall normally not exceed the equivalent of two years' net base salary of the applicant. The [Dispute or Appeals] Tribunal may, however, in exceptional cases order the payment of a higher compensation for harm, supported by evidence, and shall provide the reasons for that decision.

Furthermore, where the Dispute or Appeals Tribunal determines that a party has manifestly abused the proceedings before it, it may award costs against the party. The Dispute or Appeals Tribunal does not award exemplary or punitive damages.

The Dispute and Appeals Tribunal may refer appropriate cases to the UN Secretary- General or the executive heads of separately administered UN funds and programmes for possible action to enforce accountability.

If I do not understand the contents of this consent form, I should ask an OSLA legal officer to explain its terms in advance of signing.

I have carefully read this document and I am signing it of my own free will.

Name \*: Click or tap here to enter text.