

# APPLICATION FOR RESPITE

Legal Register Centre  
Requests for Respite  
PO Box 157  
13101 HÄMEENLINNA

Fax: 029 56 65782

|                             |         |
|-----------------------------|---------|
| Applicant's Name            | ID Code |
| Street Address              |         |
| Postal Code and Post Office |         |
| Telephone                   |         |

## Claims awarded to the State, for whose payment respite is requested

| Matter | Reference number | Euros |
|--------|------------------|-------|
|        |                  |       |

## Grounds for requesting respite for payment

|   |
|---|
| <input type="checkbox"/> illness                |
| <input type="checkbox"/> unemployment           |
| <input type="checkbox"/> military               |
| <input type="checkbox"/> other reason,<br>what: |
| Additional Information                          |

## Payment Plan

|  |
|--|
| <input type="checkbox"/> payable in full by  |
| <input type="checkbox"/> payable in instalments                      euros per month |

|                    |
|--------------------|
| Date and Signature |
|--------------------|

|            |
|------------|
| Appendages |
|------------|