Aliens authority / diplomatic representation:
Stadtverwaltung Gera - Abteilung 2530 Ausländerbehö
Heinrichstraße 35
07545 Gera

Statement by the signer of the formal obligation before the aliens authority / diplomatic representation concerning the formal obligation

of

No.

I hereby confirm that I was given the following information before submitting the formal obligation:

1. Extent of obligations entered into

The obligation includes reimbursing all public funds spent for living expenses, including housing, care in case of illness or need for long-term care, e.g. expenses for food, clothing, housing (private or in a hotel), for physicians, medicine, hospital, nursing home or other medically necessary treatments. This also applies to expenditures made on the basis of legal entitlement, as opposed to expenditures based on contributions paid. It is advisable to take out health insurance coverage for the reasons given.

In case of illness, the undersigned is also responsible for expenses not covered by health insurance or in excess of the insured amount.

The obligation also includes expenses arising from the possible enforcement of the requirement to leave the country under Sections 66 and 67 of the Residence Act. These expenses include for example travel expenses (airline ticket and/or other transport costs), the cost of any security escort and of custody awaiting deportation.

2. Duration of obligations entered into

The obligation resulting from the formal obligation applies for the length of the entire stay, regardless of the period of validity of the residence title on which the stay is based, and includes the length of any illegal stay.

As a rule, the obligation ends when the planned stay ends, or when the original purpose of the stay changes and a new residence title is issued for the new purpose.

3. Enforceability

Public funds spent may be recovered by force.

4. Voluntary provision of information

All the information and supporting documents are provided on a voluntary basis. I am aware that, for a formal obligation to be meaningful, the requested information is needed to conduct a credit risk assessment.

I have been informed by the aliens authority / diplomatic representation of the extent and duration of liability, the possibility of insurance coverage and the fact that expenditures may be recovered by force if I fail to fulfil my obligation.

I have been informed that providing inaccurate or incomplete information may be a criminal offence (e.g. in case of intentionally inaccurate or incomplete information; cf. Section 95 Residence Act: punishable by up to three years in prison or a fine).

I consent to have my data stored in accordance with Section 69 (2) no. 2h of the ordinance governing residence.

I have been informed that a copy of the formal obligation must be submitted to the diplomatic representation, meaning that a copy must be made before submitting the application.

Further, I confirm that, on the basis of my economic circumstances, I am capable of fulfilling this obligation and declare that I have not entered into any other obligations that would endanger the guarantee effect of this formal obligation.

By signing, I confirm that I have understood this information and have received a copy of it.

Signature of the person undertaking the obligation:

Date	Last name, first name

Zentraler Formularpool Thüringen

© FormLAB Gesellschaft für Prozessautomatisierung mbH
AUFENTHG-025-DE-FL – Erklärung - englisch (6/2010)