Cēsu novada pašvaldības aģentūra

**„Sociālais dienests”**

Nodokļu maksātāja reģistrācijas Nr. 90002267126; Bērzaines iela 16/18, Cēsis, Cēsu novads, LV - 4101

Tālrunis 64127740, fakss 64127741, e-pasts: soc.ag@cesis.lv

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|   |  |
| *(Vārds, uzvārds)* | *(Personas kods)* |
|  |  |
| *(Deklarētā dzīvesvietas adrese)* | *(Tālrunis)* |

**Iesniegums**

Sakarā ar to, ka..............................................................................................................................

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lūdzu.............................................................................................................................................................................................................................................................................................................................................................................................................................................................

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*(bankas nosaukums, konta numurs)*

**Esmu iepazinies ar pienākumiem:**

* **regulāri sadarboties ar sociālo darbinieku un veikt rehabilitācijas plānā iekļautos uzdevumus;**
* **sniegt patiesas ziņas un savu redzējumu nepieciešamajam atbalstam;**
* **atļaut novērtēt situāciju ģimenē.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ka manis sniegtās ziņas par mani un manu ģimeni tiek sniegtas trešajām**

piekrītu/ nepiekrītu **personām, izņemot normatīvajos aktos noteiktajos gadījumos, apmērā un kārtībā.**

**Esmu informēts/a, ka tikšu apsekots/a savā faktiskajā un deklarētajā dzīves vietā un piekrītu dzīvesvietas apsekošanai.**

**Pozitīva lēmuma gadījumā nav nepieciešams rakstiski informēt par pieņemto lēmumu.**

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Pielikumā pievienoju šādus dokumentus:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_