Legal Volunteers Intake Form

Do Not Fill in Shaded Areas

DATE:	BY:	FILE #:	PROBLEM:

NAME: *First, Middle and Last*	
ANY PRIOR NAMES:	
ADDRESS:	EMAIL:
CITY/ST/ZIP:	PHONE:
HOW DID YOU HEAR ABOUT LEGAL VOLUNTEERS?	HOW LONG IN INDIANA? HOW LONG IN COUNTY?
HAVE YOU CALLED BEFORE? ☐ Yes ☐ No	WHY?

ETHNICITY:	GENDER:	MARITAL STATUS:	HOW LONG?
DOB:	CITIZEN? ☐ Yes ☐ No	SSN:	
ARE YOU PREGNANT? ☐ Yes ☐ No	DISABILITY? ☐ Yes ☐ No	WHAT?	
CAN YOU READ AND WRITE? ☐ Yes ☐ No	HAVE YOU EVER USED ILLEGAL DRUGS? ☐ Yes ☐ No	*← If "Yes" please explain on page 2.*	

CASE INFORMATION

COUNTY OF CASE:	CASE FILED BY:	CAUSE #:
OPPOSING PARTY:	RELATIONSHIP TO YOU:	HOW MANY CHILDREN IN THIS RELATIONSHIP?
ADDRESS:	CITY/ST/ZIP:	
OPPOSING ATTORNEY:		AGES:

FULL DISCLOSURE IS NECESSARY

We reserve the right to ask for proof of income

WEEKLY GROSS INCOME: In dollars and cents, list the amount of your pre-tax WEEKLY gross income that comes from the following types of income sources. If you are married, your weekly gross income includes your spouse's income. If you get paid hourly at work and do not work the same number of hours each week, figure an average weekly salary based on the number of hours you would work in a three month period.				
	Work:	$	Social Security Income:	$
	Child Support:	$	Social Security Disability:	$
	Food Stamps:	$	Supplemental Security Income:	$
	Type Other Source Here	$	Temporary Assistance:	$
	TOTAL WEEKLY GROSS INCOME: This amount is automatically calculated based on the amounts entered above.			**$0.00**

HOW MANY PEOPLE DO YOU SUPPORT?	AGES OF CHILDREN IN HOUSEHOLD:
WHO LIVES IN HOUSEHOLD?	

ASSETS:	CASH:	SAVINGS:	AUTO 1:	AUTO 2:
	PENSION:	HOUSE:	OTHER REALTY:	OTHER:

DO YOU PAY ANY CHILD SUPPORT? ☐ Yes ☐ No	AMOUNT?	ARREARAGE?	
HAVE YOU BEEN IN COURT FOR THIS MATTER? ☐ Yes ☐ No	WHEN?		
CAUSE #:	WERE POLICE EVER CALLED? ☐ Yes ☐ No		

You must complete this Application in its entirety, including the personal & financial information on Page 1, Narrative on Page 2, & the Agreement on Page 4. The completed Pages 1, 2, & 4 must be returned to the Legal Volunteers office either by mail or fax.

IF ANY PORTION OF YOUR APPLICATION IS LEFT BLANK, IT WILL NOT BE EVALUATED.

MAIL OR FAX THIS DOCUMENT AND THE SIGNED AGREEMENT TO:

Legal Volunteers
PO Box 94
New Albany, IN 47151
FAX: 812-949-2334

Legal Volunteers Intake Form

TELL US EVERYTHING ABOUT THIS SITUATION IN THE SPACE PROVIDED BELOW:
For Example: Why do you want legal assistance? When did the problem start? Has there been physical abuse?

USE ADDITIONAL SHEET IF NECESSARY

Judicial District 14

PO Box 94
New Albany, IN 47151

Amy W. Roth
Plan Administrator

Phone and Fax:
812-949-2292
812-949-2334

Email:
probono14@sbcglobal.net

Re: Legal Assistance

Dear

Legal Volunteers of Judicial District 14 offers legal assistance on a pro bono (free of attorney fee) basis, providing that we accept your case and an attorney is available for your type of case. This attorney will evaluate your legal problem and determine whether or not she or he can assist you.

Our office **cannot** make the referral until you have signed the enclosed Legal Volunteers Pro Bono Retainer Agreement. Guidelines require that we obtain your signatures on the enclosed form before we make the referral. **Make sure that you sign the Declaration of Citizenship in addition to the other authorization.**

Read the Agreement carefully. Sign and date in the appropriate spaces, and return it to our office in the enclosed self-addressed envelope. **Be prepared to follow through with the pro bono attorney as soon as possible. Accepting the referral and not promptly taking steps as required by the attorney will adversely affect the program for future applicants. Do not agree to this referral unless you seriously expect to pursue your legal issue. This referral is for this matter only, and the attorney is under no obligation to represent you in any further proceedings that might develop after your case is closed.**

Return the two-page application and the signed agreement to our office for evaluation and possible referral. Should you have any questions, please feel free to call me at 812-949-2292. Thank you for your cooperation.

Sincerely,

Amy W. Roth, Pro Bono Administrator

Enclosure

P.S. PLEASE NOTE THAT OUR OFFICE HAS NOT AGREED TO ACCEPT YOU AS A CLIENT. AFTER WE RECEIVE THE ENCLOSED SIGNED AGREEMENT, WE WILL ATTEMPT TO REFER YOU TO A PRO BONO ATTORNEY. IF A REFERRAL IS MADE, THE DECISION TO ACCEPT YOU AS A CLIENT IS SOLELY DETERMINED BY THE PARTICIPATING ATTORNEY. THEREFORE, IF YOU HAVE A COURT HEARING OR A DEADLINE TO MEET WITH REGARD TO YOUR LEGAL MATTER, YOU SHOULD MAKE EVERY ATTEMPT TO OBTAIN PRIVATE COUNSEL OF YOUR OWN CHOOSING.

Major funding for this program is provided by the Indiana Bar Foundation

Legal Volunteers

Judicial District 14

PO Box 94
New Albany, IN 47151

Amy W. Roth
Plan Administrator

Phone and Fax:
812-949-2292
812-949-2334

Email:
probono14@sbcglobal.net

LEGAL VOLUNTEERS RETAINER AGREEMENT

I, _____, have requested referral to a private attorney through the Legal Volunteers of Judicial District 14 pro bono program for representation in the following matter:

_____

I understand that the pro bono attorney will review and evaluate my case and determine whether or not to accept me as a client. I further understand that Legal Volunteers is responsible for the referral only and has absolutely no authority over the pro bono attorney's decision to accept or decline legal assistance. The nature of the services to be provided will be determined by the pro bono attorney on an ongoing basis.

I may terminate this agreement at any time. I understand that I have the responsibility to inform Legal Volunteers of any change in my household, income, and resources. I understand and agree that if I become financially ineligible for representation by Legal Volunteers, they may terminate this agreement. Additionally, if I become ineligible for services for any reason specified in federal law or federal regulation, Legal Volunteers may have to withdraw the referral made to the pro bono attorney.

DATE:_____ _____

CLIENT SIGNATURE

AMY W. ROTH
LEGAL VOLUNTEERS
REPRESENTATIVE

CLIENT AUTHORIZATION AND RELEASE

I, _____, authorize Legal Volunteers to release records and information pertaining to my case to the pro bono attorney(s).

DATE:_____ _____

CLIENT SIGNATURE

DECLARATION OF CITIZENSHIP

I hereby declare that I am a citizen of the United States.

DATE:_____ _____

CLIENT SIGNATURE

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