

Instructions for Using This Adobe PDF Form

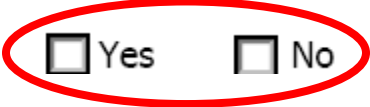
The Access to Justice, Inc. Intake Form can be completed in one of two ways:

1. Simply print this document and fill it out by hand, discard this page, and fax or mail the form to the address listed on the next page; OR
2. Use Adobe Acrobat Reader and your keyboard to enter information into the PDF form, then print the document, discard this page, and fax or mail the form to the address listed on the next page.

Completing the Form in Acrobat Reader

It is recommended that you have the *Adobe Acrobat Reader version 7 or newer* installed on your computer to complete this form electronically. You may download this software FREE by visiting: <http://www.IN.gov/judiciary/help/downloads/acrobat.html>.

The Access to Justice, Inc. Intake Form begins on the next page.

1. YOU MAY NOT SAVE YOUR APPLICATION ELECTRONICALLY UNLESS YOU HAVE ACROBAT READER 8. Due to limitations in the FREE Adobe Acrobat Reader, you will not be able to save the application with your entries included if you are using Acrobat Reader 7 or lower. For this reason, you should be prepared to fill out the application in its entirety before you begin. However, please note that some fields in the form must be completed by hand. If you are using Acrobat Reader 8.0 or higher you may save the form electronically by clicking "File", then "Save As..."
2. Where you must indicate your response to a question by checking the more appropriate box (yes/no questions) you must use your mouse to select the appropriate option (see image at right). 
3. Where you must enter text or numbers, you may place the text cursor in the underlined field by placing your mouse cursor over the field and clicking the left mouse button once. You may then advance forward from field to field by pressing the "Tab" button on your keyboard. You may advance backward by holding down the "Shift" button while you press the "Tab" button.
4. After entering text into the last field in the form, be sure to click the form anywhere outside of a text entry field (near one of the margins, for example). You must do this to ensure that your final entry is finalized in the field; otherwise, it will not print.
5. When you have completed filling out the intake form, describing your situation, and completing the agreement, print the entire document (discard this page), sign where necessary, and submit the form according to the instructions at the bottom of the first page.

PLEASE NOTE: You must complete this application in its entirety, including the personal and financial information on Page 1, the narrative on Page 2, and the Agreement on Page 4. The completed Pages 1, 2, and 4 must be returned to Access to Justice, Inc. either by mail or fax. If any portion of your application is left blank, it will not be evaluated.

BEGIN FILLING OUT THE ACCESS TO JUSTICE, INC. INTAKE FORM.

District 6 Access to Justice, Inc.

Do Not Fill in Shaded Areas

DATE:	BY:	FILE #:	PROBLEM:
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NAME: <i>First, Middle <u>and</u> Last</i>	
ANY PRIOR NAMES:	
ADDRESS:	EMAIL:
CITY/ST/ZIP:	PHONE:
HOW DID YOU HEAR ABOUT DISTRICT 6 ACCESS TO JUSTICE?	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	DO YOU HAVE A PENDING CRIMINAL MATTER?	Yes No <i>← If "Yes" please explain on page 2.</i>

CASE INFORMATION

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

FULL DISCLOSURE IS NECESSARY	<small>We reserve the right to ask for proof of income</small>			
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:	\$
		\$	Temporary Assistance:	\$
	TOTAL WEEKLY GROSS INCOME:		This amount is automatically calculated based on the amounts entered above.	
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:
District 6 Access to Justice, Inc.
 P.O. Box 324
 New Castle, IN 47362
 Phone (800) 910-4407
 Fax (765) 521-0790

District 6 Access to Justice, Inc.

TELL US EVERYTHING ABOUT THIS SITUATION IN THE SPACE PROVIDED BELOW:

For Example: Why do you think you need an attorney?

USE ADDITIONAL SHEET IF NECESSARY

Judicial District 6

***District 6 Access to
Justice, Inc.***
P.O. Box 324
New Castle, IN 47362

Christianne Brock
Plan Administrator

Phone and Fax:
800-910-4407
765-521-0790

Email:
district6access@hotmail.com

Re: Legal Assistance

Dear

District 6 Access to Justice, Inc. 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 District 6 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 765-521-6979. Thank you for your cooperation.

Sincerely,

Christianne Brock, District 6 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.

DISTRICT 6 ACCESS TO JUSTICE, INC. RETAINER AGREEMENT

I, _____, have requested referral to a private attorney through the District 6 Access to Justice, Inc. pro bono program for representation in the following matter:

Judicial District 6

District 6 Access to Justice, Inc.

P.O. Box 324
New Castle, IN 47362

Christianne Brock
Plan Administrator

Phone and Fax:
800-910-4407
765-521-0790

Email:
district6access@hotmail.com

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 District 6 Access to Justice, Inc. 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 District 6 Access to Justice, Inc. of any change in my household, income, and resources. I understand and agree that if I become financially ineligible for representation by District 6 Access to Justice, Inc., they may terminate this agreement. Additionally, if I become ineligible for services for any reason specified in federal law or federal regulation, District 6 Access to Justice, Inc. may have to withdraw the referral made to the pro bono attorney.

DATE: _____

CLIENT SIGNATURE

**Christianne Brock
DISTRICT 6 ACCESS
TO JUSTICE, INC.
REPRESENTATIVE**

CLIENT AUTHORIZATION AND RELEASE

I, _____, authorize District 6 Access to Justice, Inc. 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