



SOUTH ALABAMA
VOLUNTEER
LAWYERS PROGRAM

Application for Legal Assistance

Apply in person at Government Plaza, 205 Government St., Room 427
Check VLP voicemail or website to get current days & times to apply in person

To return completed application: fax to 251-438-1982
email to info@savlp.org
mail to 118 North Royal St., Suite 402
Mobile, Alabama 36602

To apply by phone or get apply in person details, call 251-438-1102 or toll free 855-997-2857; voicemail picks up 24/7

Incomplete application will only cause delays. Please print & fill in all sections of this application and sign where required.
Use 0, none, unknown or n/a (not applicable) if needed.

Personal Information

Full Name _____ Gender: _____
FIRST MIDDLE LAST SUFFIX

Other Names you have used (circle maiden name) _____

SS # X X X - X X - _____ Birth Date _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Is this a safe address to send mail? Yes No *If you use a different mailing address, list on back of page or a separate sheet*

E-mail address _____ May we contact you by email? Yes No

Cell phone # _____ May we leave a message at this number? Yes No

Home phone # _____ May we leave a message at this number? Yes No

If you have limited access to email or do not have voicemail, you may want to list another person for us to contact:
 Friend or relative who would take a message Name _____ # _____

Marital Status: Single Separated Married Common-Law Married Divorced Widowed

United States Citizen? Yes No If no, are you a legal (registered) non-citizen? Yes No

Are you a Veteran? Yes No Do other Veterans live in the household where you live? Yes No

Race: Asian Black Hispanic Native American Pacific Islander White Other

General Household Information

How did you hear about this program? please check all that apply

Lawyer Prior Use Court/Government Office Social Service Organization Internet Media
 Family/Friend United Way 211 Legal Services FaceBook/Twitter Other

How many people live in the household where you live? _____

Do you or any household member receive any of these benefits? Yes No

If yes, check all that apply and list dollar amount Utility Check \$ _____ TANF \$ _____ Food Stamps \$ _____

If you receive food stamps, how many people does food stamps count as part of your household? _____

When was your last review with your food stamp case worker? _____

Living Arrangements - please check all that apply

Own/buying house Rented house Apartment Hotel/Motel Shelter
 Own/buying mobile home/RV HUD/Public Housing Rented Room Nursing Home With friends
 Rented mobile home/RV Section 8 voucher Military Base Rehab Facility With relatives

If you live with friends or relatives, list how long you have been living with these friends or relatives _____ months years

If you rent, is your rent amount based on your income? Yes No

General Household Information (continued)

List all persons living in your household & list all *gross* income amounts for everyone in the household

Examples of types of Income: Alimony; Annuity; Asbestos; Cash from family and friends; Child Support; Disability (short or long term); Pension or Retirement; Employment; Military Reserves, Self-Employment; Social Security; SS Disability; SSI; SS Survivor's Benefit; TANF; Tips; Trust; Interest; Dividends; Unemployment (*list weekly amount*); Veteran's Benefits; Worker's Comp, Financial Aid

<u>Name</u>	<u>Relationship</u> (<u>myself/client</u>)	<u>Age</u>	<u>Type of Income</u>	<u>List Monthly Income or circle 0</u>
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0

If more than 5 persons in household, list all of the same information for others on back of page or on a separate sheet

Does anyone in the household receive child support payments for current child support or back child support? Yes No

Are you, or any household member, expecting an increase of income in the near future? Yes No

If yes, list type (ex: lawsuit, settlement, withdrawal of 401K, new job, pending SS claim) and estimated dollar amount of the income:

If no, and you did not list any source of income, how are you paying your bills and expenses?

Household Expense Information

Monthly expenses that are being paid - include payment information for all members of household

Do not list home insurance or property tax if cost is included in mortgage payment; do not list child support if cost is paid by garnishment

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Rent/Mortgage \$ _____ | <input type="checkbox"/> Lot rent/Land note \$ _____ | <input type="checkbox"/> Car insurance \$ _____ | <input type="checkbox"/> Garnishment \$ _____ |
| <input type="checkbox"/> Health insurance \$ _____ | <input type="checkbox"/> Dr. bills/Medicines \$ _____ | <input type="checkbox"/> Child support \$ _____ | <input type="checkbox"/> Bankruptcy \$ _____ |
| <input type="checkbox"/> Home insurance \$ _____ | <input type="checkbox"/> Back taxes (state/irs) \$ _____ | <input type="checkbox"/> Car note \$ _____ | <input type="checkbox"/> Student loan \$ _____ |
| <input type="checkbox"/> Payday/Title Loan \$ _____ | <input type="checkbox"/> Property tax \$ _____ | <input type="checkbox"/> Alimony \$ _____ | <input type="checkbox"/> Other \$ _____ |

If you checked other, list the type of expense(s) here: _____

Does anyone in the household have a lot of medical bills (usually from a hospital stay or treatment)? Yes No

If yes, name who all is owed? _____

How much is owed (total of all medical bills)? \$ _____ Total amount of all payments on medical bills each month? \$ _____

List any monthly expenses or payments (bill and amount of bill) that the household cannot pay at this time

Household Asset Information

If there is no vehicle owned or being purchased by any household member, check here

If you or any household member are buying, or own, any vehicle fill in the following: (*estimate value if needed*)

Year _____	Make _____	Model _____	\$ _____	Balance owed \$ _____	Value of vehicle _____
Year _____	Make _____	Model _____	\$ _____	Balance owed \$ _____	Value of vehicle _____
Year _____	Make _____	Model _____	\$ _____	Balance owed \$ _____	Value of vehicle _____

If more than 3 vehicles in household, list the same information for each vehicle on back of this page or on a separate sheet

Do you or any other household member have any cash? Yes No If yes, how much \$ _____

Do you or any other household member have a checking account? Yes No Current balance \$ _____ Do not list 0 as balance

Do you or any other household member have a savings account? Yes No Current balance \$ _____

Do you or any household member own any land/property other than the home where you live? Yes No

If yes, list address and value _____

Do you or any household member own any personal property or investments worth more than \$3,000? Yes No

Include information about any stocks, bonds, certificates of deposit, boats, recreational vehicles, etc.

If yes, list item(s), value, and owner _____

If more accounts, property, or possessions: list same information for other assets on back of this page or on a separate sheet

Job Information

Number of persons employed in household _____ Number of persons self-employed in household _____

Household member _____ Job title/position _____ How long employed ____ months years

Name of employer _____ Hourly wage _____ How many hours worked each week _____

Household member _____ Job title/position _____ How long employed ____ months years

Name of employer _____ Hourly wage _____ How many hours worked each week _____

If more than 2 persons in household employed, list the same information on the 2 lines above for any other(s) on back of this page or on a separate sheet

Self-employed person _____ What type of work is done? _____

How long self-employed ____ months years Average monthly income \$ _____

Amount of self employment income claimed on last tax return: Gross \$ _____ Net \$ _____ For what tax year _____

If more than 1 person in household is self-employed, list the same information on the 3 lines above for any other on back of this page or on a separate sheet

Job related expenses

Child care \$ _____ Week Month Uniforms \$ _____ Week Month

Payroll tax \$ _____ Week Month Other \$ _____ & list details of cost: _____

Travel Miles to get to work _____ Day Week Month How many days a week do you work _____

Legal Case Information

What kind of legal problem or issue do you want help with? _____

(example: being sued, car repair, divorce, estate, landlord/tenant, name change, will, etc...)

What do you hope a lawyer can help you accomplish? _____

If there is a deadline for your request? Yes No

If yes, list the deadline date and reason for deadline _____

Have you already talked to a lawyer and gotten advice about your problem or request? Yes No

If yes, list the name of the lawyer and details of what the lawyer told you _____

Have you ever hired a lawyer about this problem or request? Yes No

Have you received any Court papers? Yes No

If yes, what date did you receive the Court papers? _____

Have you responded and filed an Answer? Yes No

If no, what is the deadline for filing your Answer? _____

Is there a Court date set for this case? Yes No

If yes, what is the Court date? _____

What County is the case in? Baldwin Clarke Mobile Washington

Adverse Party (Name of the person(s) or company with whom you are having a problem) _____

OR

Other Party (Name of person(s) who must agree and / or sign papers) _____

Other Legal Information

Do you or any household member have other current legal matter(s) with legal representation for this matter(s)? Yes No

If yes, list the type of case(s) and the name of your lawyer(s) _____

This application gathers the personal, household, and financial information we are required to get to find out if you and your household qualify for legal help through this program. If you qualify, we will also have to get more specific details about your legal request, which must also fit in this program's current subject guidelines.

To the best of my knowledge, all of the information provided in this application is truthful and accurate.

Signature

Date

South Alabama Volunteer Lawyers Program

REFERRAL AUTHORIZATION & INFORMATION RELEASE & CERTIFICATION OF CITIZENSHIP

I, _____, hereby authorize the South Alabama Volunteer Lawyers Program (hereinafter the VLP) to try to refer my legal problem to a volunteer private lawyer. As soon as I am notified by mail by the VLP that such a referral has been made, I agree to contact the volunteer private lawyer to arrange an appointment for an initial interview with him/her.

I understand that I do not yet have a lawyer to talk to through the VLP and, further, that the VLP cannot guarantee me representation in this matter. I understand that the VLP is not required to provide me a lawyer and can only attempt to find a volunteer lawyer for me to talk to about my legal problem. I also understand that the volunteer lawyer himself/herself will decide whether or not s/he will represent me in this matter after the initial interview.

I understand that if the volunteer lawyer agrees to represent me, the volunteer lawyer will do so without charge for his/her services. **I also understand and agree that I am responsible for paying all fees and expenses (such as court costs and publication expenses) associated with my case.**

I give permission to the VLP to release records and information about me and my legal problem to volunteer lawyers to whom they are referring my case, to Legal Services Alabama and to Legal Services Corporation to comply with monitoring requirements.

I authorize other agencies to release to the VLP any information needed in connection with my legal representation. **I also give permission to the private lawyer who represents me through the VLP to release records and information about my case to the VLP.**

I agree to provide the lawyer with all of the information necessary to the case and to immediately tell the VLP and the lawyer of any change in my case, address, telephone number, or financial status.

These legal services are limited to the matter about which I contacted the VLP. **Any new legal matters must be discussed with the VLP (438-1102).**

I have received a copy of this document.

Signature

Date

I further certify that I am a citizen of the United States.

Signature

Date

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I have received a copy of this document.

Signature

Date

I further certify that I am a citizen of the United States.

Signature

Date

PLEASE KEEP THIS COPY FOR YOUR RECORDS