



SOUTH ALABAMA  
VOLUNTEER  
LAWYERS PROGRAM

### Application for Legal Help

To return completed application:

Fax: 251-438-1982

Email: [info@savlp.org](mailto:info@savlp.org)

US mail: 118 North Royal St., Suite 402, Mobile, Alabama 36602

In person: Turn in at any apply in person screening event, check the calendar on our homepage at [www.savlp.org](http://www.savlp.org) for dates & times.

For more info call 251-438-1102

Please print. Fill in all sections of this application & hand sign where required.

**Incomplete application will cause delays.** Use 0, none, or unknown if needed.

#### Personal Info

Prefix: \_\_\_\_\_ Nickname \_\_\_\_\_

Name \_\_\_\_\_ FIRST MIDDLE LAST Suffix: Jr Sr Other \_\_\_\_\_

Other Names you have used (circle maiden name) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this a safe address to send mail? Yes No **If you use a different mailing address, list below:**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your email 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

Work phone # \_\_\_\_\_ May we call you at work? Yes No

SS # X X X - X X - \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Do you have a device (smart phone, tablet, laptop, etc.) with reliable internet access? Yes No

Are you comfortable with a virtual meeting (by Zoom, WebEx, etc)? Yes No

If you have limited access to email or do not have voicemail, list another person for us to contact:

Friend/relative who will give you a message Name \_\_\_\_\_ # or email \_\_\_\_\_

Marital Status: Divorced Single Separated Married Widowed Other/Unknown

United States Citizen? Yes No **If no,** are you a legal resident? Yes No

Are you, or any other person that lives in your household, a Veteran? Yes No

#### Check all that apply:

American Indian/Alaskan Native

American Indian or Alaskan Native and Black or African American

American Indian or Alaskan Native and White

Native Hawaiian or other Pacific Islander

Asian Asian and Black or African American

Asian and White

Black or African American

Black or African American and White

White

Other multiple race

Choose not to respond

Do you consider yourself to be Hispanic? Yes No

#### General & Household Info

How did you hear about this program? \_\_\_\_\_

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 \$ \_\_\_\_\_ Rent Subsidy \$ \_\_\_\_\_ 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? \_\_\_\_\_

**General & Household Info (cont.)**

**Living Arrangements - 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  Rehabilitation Facility  With relatives
 Experiencing Homelessness  Other: \_\_\_\_\_

If you live with friends or relatives, list how long you have been living there: \_\_\_\_\_  years  months

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

**List all persons living in household where you live & list all gross income amounts for everyone in household**

Examples of Income Types-list all income, including income not reportable to IRS: 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 (give weekly amount); Veteran's Benefits; Worker's Comp; Student Financial Aid

Table with 5 columns: Name, Relationship to you (myself/client), Age, Type of Income, Amount of Monthly Income Before taxes OR circle \$0. Includes five rows of blank lines for data entry.

If more than 5 persons in household, list all of the same info 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, new job, pending SS claim, etc.) and estimated dollar amount of the income:

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

**Household Expense Info -- include info for all members of household**

Only list monthly expenses that are being paid

Don't list home insurance or property tax if cost is included in your mortgage note/escrow

- Rent or Mortgage \$ \_\_\_\_\_  Land note \$ \_\_\_\_\_  Car insurance \$ \_\_\_\_\_  Garnishment \$ \_\_\_\_\_
 Mobile Home note \$ \_\_\_\_\_  Lot rent \$ \_\_\_\_\_  Car note \$ \_\_\_\_\_  Student loan \$ \_\_\_\_\_
 Health insurance \$ \_\_\_\_\_  Dr. bills/Medicines \$ \_\_\_\_\_  Child support \$ \_\_\_\_\_  Bankruptcy \$ \_\_\_\_\_
 Home insurance \$ \_\_\_\_\_  Back taxes \$ \_\_\_\_\_  Nursing Home \$ \_\_\_\_\_  Alimony \$ \_\_\_\_\_
 Property tax \$ \_\_\_\_\_  Payday loan \$ \_\_\_\_\_  Title loan \$ \_\_\_\_\_  Other \$ \_\_\_\_\_

If you checked other, list the type of each expense & amount here: \_\_\_\_\_

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

Total amount of medical bills owed \$ \_\_\_\_\_

Total amounts paid monthly for every medical bill \$ \_\_\_\_\_

List any monthly bill & amount that is past due and that the household cannot pay at this time:

\_\_\_\_\_

**Household Asset Info - include info for all members of household**

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 info for each vehicle on back of page or on a separate sheet**

Does any household member have any cash? Yes No **If yes**, how much \$ \_\_\_\_\_

Does any household member have a checking account? Yes No **If yes**, current balance \$ \_\_\_\_\_

Does any household member have a savings account? Yes No **If yes**, current balance \$ \_\_\_\_\_

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

**If yes**, list address and value \_\_\_\_\_

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

**If yes**, list item(s), value, and owner \_\_\_\_\_

**Include info about all stocks, bonds, certificates of deposit, boats, recreational vehicles, etc.**

**Job Info**

Number of persons employed in household \_\_\_\_\_

Household member \_\_\_\_\_ Job title/position \_\_\_\_\_

Name of employer \_\_\_\_\_ How long employed \_\_\_\_\_  months  years

Hourly wage \_\_\_\_\_ How many hours worked each week \_\_\_\_\_

Household member \_\_\_\_\_ Job title/position \_\_\_\_\_

Name of employer \_\_\_\_\_ How long employed \_\_\_\_\_  months  years

Hourly wage \_\_\_\_\_ How many hours worked each week \_\_\_\_\_

**If more than 2 in household employed, list same info as above for any others on back of page or on a separate sheet**

**Job Related Expense Info**

Child care \$ \_\_\_\_\_ Weekly Monthly

Uniforms \$ \_\_\_\_\_ Weekly Monthly

Payroll tax \$ \_\_\_\_\_ Weekly Monthly

Other \$ \_\_\_\_\_ & list details of cost: \_\_\_\_\_

Travel Miles to get to work \_\_\_\_\_ How many days a week do you work \_\_\_\_\_

Number of persons self-employed in household \_\_\_\_\_

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 self-employed, list same info above for any others on back of page or on a separate sheet**

**Legal Case Info**

What County is the case in? Baldwin Clarke Mobile Washington

What kind of legal matter do you want help with?

(Examples: being sued, car repair, divorce, estate, tenant issue, name change, will, etc....)

Who is your case against? \_\_\_\_\_

**Is there a deadline for your request?** Yes No

**If yes,** list date of deadline \_\_\_\_\_

**If yes,** list the reason for deadline \_\_\_\_\_

**Have you received any Court papers?** Yes No

**If yes,** what date did you receive the Court papers? \_\_\_\_\_

**If yes,** what is the case number listed in the top right corner? \_\_\_\_\_

**Have you responded and filed an Answer?** Yes No

**If yes,** how did you respond? \_\_\_\_\_

**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? \_\_\_\_\_

**Before today,** have you already talked to a lawyer and gotten advice about your matter? Yes No

**If yes,** list name of the lawyer: \_\_\_\_\_

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

**If yes,** list name of lawyer: \_\_\_\_\_

**If yes,** why was your request not completed: \_\_\_\_\_

What do you hope a lawyer can help you do? \_\_\_\_\_

**Other Legal Info**

Do you or any household member have other cases being handled by a lawyer? Yes No

**If yes,** list the type of case(s) \_\_\_\_\_

**If yes,** list the name of your lawyer(s) \_\_\_\_\_

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

\_\_\_\_\_  
**Signature**      *(Hand Signature Required)*

\_\_\_\_\_  
**Date**

## South Alabama Volunteer Lawyers Program

### REFERRAL AUTHORIZATION & INFORMATION RELEASE

I, \_\_\_\_\_, hereby authorize the South Alabama Volunteer Lawyers Program (hereinafter the SAVLP) to refer my legal matter to a volunteer private lawyer. By signing this agreement, I agree that I understand the following:

1. **SAVLP cannot guarantee me representation in this matter.** I do not currently have a lawyer. SAVLP is not required to provide me with a lawyer and can only try to find a volunteer lawyer for me to talk to about my legal matter. The volunteer lawyer will make the final determination about representation after meeting with me.
2. **CONTACT LAWYER:** As soon as I am notified by SAVLP that a referral has been made, I am responsible for contacting the volunteer lawyer. I am responsible for staying in touch with my lawyer; failure to do so may lead to my case being closed.
3. **FEES:** If the volunteer lawyer agrees to represent me, the volunteer lawyer will do so without charge for the services. **I am responsible for paying all fees and expenses (such as court costs and publication expenses) associated with my case.**
4. **DOCUMENTS:** SAVLP will keep my original client file and documents for a period of six (6) years after the case is closed. At that point, my file may be scanned or converted into electronic format and then destroyed. SAVLP cannot accept original documents; we may make copies in limited circumstances. Any original documents should be given to my volunteer lawyer.
5. **MY INFORMATION TO OTHERS:** SAVLP respects me and my right to privacy. To help me, SAVLP will release records and information about me and my legal matter to volunteer lawyers to whom they are referring my case. SAVLP will release certain information to Legal Services Alabama, Legal Services Corporation, and other grant funders to comply with monitoring requirements. This information will be used only for case and grant reporting purposes and will not be released for any other purpose.
  - a. I authorize other agencies to release to SAVLP any information needed in connection with my legal representation.
  - b. The private lawyer who represents me through the SAVLP will release records and information about me and my case to SAVLP.
6. **Lawyer / client relationships are built on shared trust and confidence.** If I do not give the lawyer all of the information needed to help with my legal matter or misinform SAVLP or my lawyer about my legal matter, my case will be closed. If I am unable to reach my lawyer or have a grievance I may contact SAVLP by calling 251-438-1102 and leaving a voicemail. If I do not immediately tell SAVLP and the lawyer of any change in my legal matter, address, telephone number, or any new income in my household my case will be closed.

This agreement is limited to the matter about which I contacted SAVLP. **Any new legal matters must be discussed with the SAVLP (251-438-1102).**

I have read, understood, and agree to the terms of this agreement.

\_\_\_\_\_  
Signature      *(Hand Signature Required)*

\_\_\_\_\_  
Date

#### CERTIFICATION OF CITIZENSHIP

**I am a citizen of the United States.**

\_\_\_\_\_  
Signature      *(Hand Signature Required)*

\_\_\_\_\_  
Date

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Signature <i>(Hand Signature Required)</i>	Date
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**KEEP THIS COPY FOR YOUR RECORDS**