

**JEFFERSON COUNTY BAR ASSOCIATION - VETERANS LEGAL INITIATIVE
APPLICATION FOR LEGAL SERVICES**

PLEASE PRINT (*Untrue or incomplete responses will result in denial of service*):

Applicant's Full Legal Name: _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Other last names you have used: _____

Applicant's address: _____ Apt. # _____

City, State, Zip _____ County _____

Social Security# _____ Date of Birth: ____/____/____
Month Day Year

Phone # _____ Work Phone # _____ Cell Phone # _____

Preferred Language: _____ Email address: _____

Spouse's Full Legal Name: _____ SSN# _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Please circle your answers to the following:

Employed: Yes No **Disabled:** Yes No **Domestic Violence Victim:** Yes No

Race/Ethnicity: White African-American Hispanic Native American Asian/Pacific Islander Other

Sex: Male Female **Marital Status:** Married Single Divorced Widowed Separated

Citizenship: U.S. Citizen Legal Resident Undocumented

Living Arrangements: 1. Private Rental 2. Own Home 3. Fed. Subsidized Rental 4. Relatives 5. Friends
6. Nursing Home 7. Shelter 8. Mental Institute 9. Incarcerated 10. Homeless Other: _____

Are you a Natural Disaster Survivor? Yes No **Which one?** _____ **Violent Crime Victim:** Yes No

Are you a U. S. Veteran or spouse of a deceased veteran? Yes No

Which Military Branch? _____

How did you hear about the JCBA Veterans Initiative: _____

YOUR LEGAL PROBLEM:

INFORMATION ABOUT THE OPPOSING PARTY (*IF APPLICABLE*)

Full Name: _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Other last names used: _____

Social Security #: _____ Sex: Male Female Date of Birth: ____/____/____
Month Day Year

Address: _____
Street Number and Name, Apt # City State Zip Code

OVER →

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INCOME/ASSET INFORMATION ABOUT YOU & PEOPLE LIVING WITH YOU:

Monthly Income of you and people living with you: (Alimony; Child Support; Private Disability.; Employment; Military; Pension; Rental income; Social Security (Retirement, Survivor Benefits, Disability, SSI); Spousal support; TANF; Trust, Int., Div.; Unemployment; VA benefits; Workers Comp.; etc.)

Name of person receiving income:	Type of income:	Monthly Gross Income	or Hourly Wage	Hours/week
_____	_____	\$ _____	\$ _____	# _____
_____	_____	\$ _____	\$ _____	# _____
_____	_____	\$ _____	\$ _____	# _____
_____	_____	\$ _____	\$ _____	# _____

Do you have any reason to believe that your income is likely to change significantly in the near future?
 Yes: _____ No: _____ If yes, please explain: _____

Assets owned by you and people living with you: (Cash on hand; Checking; Savings; Stocks, Bonds, Cd's; Primary home; Second home, Other real estate; Vehicles; Personal property; etc.)

Name of Person who owns asset:	Type of Asset	Amount/Equity Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

INFORMATION ABOUT PEOPLE LIVING WITH YOU:

of adults living in your household (including you)? _____ # of children under age 18 living in your household? _____

Full Name:	Date of Birth:	Relationship to you:
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

I understand that I am **NOT** a client of Jefferson County Bar Association and that I am **NOT REPRESENTED** in any matter as a result of the information I received today. I further understand that I am waiving any potential right I may have to assert a conflict of interest claim against Jefferson County Bar Association by reason of the information I have received today.

I verify that this information is true and correct to the best of my knowledge.

Signature

Date

INCOME VERIFICATION FORM

I verify that the income information I have provided for the purpose of participating in the Jefferson County Bar Association Legal Advice Clinic is true and correct to the best of my knowledge.

Signature

Date

DOCUMENT DISPOSAL

I give my consent to the Jefferson County Bar Association (JCBA) to destroy any files containing information and materials either obtained or created by JCBA in association with JCBA's potential attempt to refer my case to a volunteer five years from today's date.

Signature

Date

CITIZENSHIP ATTESTATION

I am a citizen of the United States.

Signature

Date

TESTIMONIO DE CIUDADANIA

Soy un ciudadano de los Estados Unidos.

Firma

Fecha

VETERAN INITIATIVE PRO BONO REFERRAL AUTHORIZATION

I, _____, give permission to Jefferson County Bar Association Veterans Initiative to refer my case to a volunteer private attorney through the Jefferson County Bar Association Pro Bono Program should I meet all eligibility guidelines. As soon as I am notified, I agree to contact the volunteer private attorney to arrange an appointment. I understand that the volunteer private attorney will decide whether or not to accept my case.

I understand that the volunteer private attorney obtained for me by the Jefferson County Pro Bono Program is volunteering his/her time and therefore will consider my case for representation in the following matter only:

I further understand that I will not be required to pay any attorneys' fees and that no attorneys' fees shall be deducted from any judgment, settlement, or damages or any other recovery obtained in my behalf. However, if attorneys' fees are recovered from my opponent, I agree that such attorneys' fees will be the sole property of my volunteer private attorney.

I further agree that I shall be responsible for all court costs and litigation expenses not waived by the courts.

Date

Applicant