

APPLICATION FOR ASSISTANCE

Today's Date: _____

How did you hear about us? (circle one): Web Court Friend Agency Attorney Other

Your Name : _____
First Middle Last

Your Address: _____
Street City State ZIP

County in which you reside: (Circle one): Lake Porter Jasper Newton
**NOTE: If you do not reside in one of the counties listed above, you must apply through the legal aid or probono office that serves your county. **

Telephone: () _____ Cell: () _____

Email: _____

Date of Birth _____ SSN: _____

Marital Status: Single Married Separated Divorced Widow/widower

Primary language spoken in your home: English Spanish Other (specify) _____

Your Income (Gross: before taxes deducted)

	<u>Gross per month</u>		<u>Gross per month</u>
Employment	_____	TANF	_____
SSI	_____	Food Stamps	_____
SSDisability	_____	Township Assistance	_____
SS Retirement	_____	Spousal Support/Alimony	_____
Pension/Retirement	_____	Child Support	_____
VA benefits	_____	Unemployment Comp.	_____
Other (specify) _____			

If you have no income, how are you supporting yourself? _____

FOR OFFICE USE ONLY

Date Application Rec'd: _____ Case Type: _____

Additional Info requested: _____

Disposition: Referred (date)_____ Rejected (date)_____ Closed (date)_____

Closing Code: _____

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Persons in your household:

Please list everyone who lives in your home, their relationship to you, and their gross income, if any:

Name D.O.B. Relationship to you Gross Income per month

Countable Assets:

Your home: Own? Rent? Monthly payment:

Value of your home: Amount owed on your home

List all vehicles you own, are buying or leasing:

Year, Make & Model Monthly payment Buying or leasing

Do you own any stocks or bonds? Yes No Value

Do you own a savings account? Yes NO Value

Amount in your checking account:

VETERANS:

Have you served in the military? Yes No If yes, what branch?

Are you a disabled veteran? Yes No If yes, diagnosis:

WHAT IS THE LEGAL PROBLEM THAT YOU WOULD LIKE ASSISTANCE FOR?

(Circle all that apply)

Family law: Divorce Child Support Parenting Time Adoption Guardianship Protective Order Other:

Housing: Eviction Lack of Repairs Foreclosure Other:

Consumer: For Bankruptcy (you must apply through Indiana Legal Services 219-738-6040)

Garnishment Harassment by Creditor ID Theft Other:

Probate: Simple Will Power of Attorney Title to Heirship Property Other:

Benefits: TANF Food Stamps Township Medicaid SSI disability Unemployment Veterans Benefits Other:

Other (please specify):

(NOT criminal/juvenile delinquency/ CHINS /traffic or suing for money damages)

WHAT IS YOUR COURT CASE NUMBER, if any? (If your case involves your prior divorce or prior custody or support orders, please list the court case number for that prior case)

Hearing Date Time of Hearing Type of Hearing

WHO IS THE OPPOSING PARTY (the person who is on the other side of your case)?

DOES THE OTHER PERSON HAVE AN ATTORNEY? Yes No I don't know

IF YES, What is his or her attorney's name?

NWI VOLUNTEER LAWYERS, INC.

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PLEASE TELL US... IN DETAIL... WHY YOU NEED LEGAL ASSISTANCE, WHAT IS GOING ON
(Use additional pages if necessary):

BEFORE SIGNING, please check your application to be sure you have answered all the questions.

I affirm that the information I have provided on this application is true and accurate. I will promptly notify NWI Volunteer lawyers if any of the above information changes.

I also affirm that NWI Volunteer Lawyers, Inc. has my permission to share the information on my application with potential volunteer lawyers who are considering assisting in my case.

Your Signature: _____

Date: _____

Mail, fax, or email your completed application to:

INTAKE: NWI VOLUNTEER LAWYERS, INC., 651 E. Third St., Hobart, In 46342

Fax: 219-945-0995 Email: probono@hobartlaw.net
