

Date of application _____ In Person by Mail/FAX Approved By _____ [SR staff]

In household # _____ ♦ GROSS mo. Income \$ _____ ♦ Current Poverty % _____ ♦ *Income* **Verification**

PLEASE PROVIDE VERIFICATION OF INCOME.

DONATIONS ARE GRATEFULLY APPRECIATED – THEY HELP KEEP OUR DOORS OPEN SO WE CAN CONTINUE TO SERVE THE COMMUNITY. CASH, CREDIT/DEBIT CARDS OR MONEY ORDERS ARE WELCOMED. WE ARE SORRY, BUT WE **CANNOT** ACCEPT CHECKS.

Have you received our services before? Yes No If so, what services? _____

Client's First Name: _____ **Middle Name:** _____

Client's Last Name: _____ **DOB** _____

Other Names Used including maiden name (if applicable): _____

Address (*safe for receiving mail*): _____

City, State and Zip Code: _____

Phone # (*Safe to call*) _____ Alternate phone # (*Safe to call*) _____

E-mail account you **REGULARLY CHECK**: _____

Are you a U.S. Citizen? Yes No

Communication disability? _____ **Reading disability?** _____

Have you had an **attorney** in the **past or present**? If so, name of attorney and location: _____

CLIENT STATISTICAL INFORMATION: Male Female

Age Group: [0-17] [18-21] [22-44] [45-54] [55-69] [70+] Ethnicity: White Hispanic

African American Native American Asian Pacific Islander Other _____

Are you a Veteran? No Yes If so, type of discharge _____

OPPOSING PARTY: _____

Other Names Used: _____

Opposing party's location: _____

Opposing party's attorney & location: _____

STAFF PROVIDING _____
STAFF RECEIVING _____

DATE _____
DATE _____

CLIENT INCOME ELIGIBILITY INFORMATION:

*Number of adults in household _____ Number of children in household _____

Source of Income: _____

Your Total Income per month: [Gross] \$ _____ **Significant Other's Gross Income** \$ _____

Do you have access to partner's income? YES NO

Other Sources of Income per Month in my Household:

Source: _____ \$ _____ Source: _____ \$ _____ Source: _____ \$ _____

Total Gross Income and Other Sources of Income \$ _____

***Other Household Member's Monthly Income** \$ _____

Housing:

Do you rent? Yes ____ No ____ if so, do you rent an Apartment _____ House _____ Mobil _____

Are buying your home? Yes _____ No _____

Total Household expenses \$ _____

Were you a referral from another agency? If so, by whom: _____

Other Information: _____

Type of Legal Problem:

Landlord/Tenant
Consumer/Debt
Child Support
Employment

Family (Dissolution/Paternity/Custody)
Income Assistance (DSHS/SSI/AFDC)
Individual Rights
Other: _____

Explain

Legal Actions:

Has client filed or been served with any kind of legal action? YES / NO

If YES, on what date? _____ By whom was the action filed? _____

What kind of legal action is filed? _____

What is the Answer/Response deadline for this action? (Date) _____

Is there an attorney involved in the case? YES / NO.

What is attorney's name & address? _____

Who does the attorney represent? CLIENT / OTHER PARTY (name) _____

Have any other attorneys represented the client in this case? _____

If so, list full name & locations of all attorneys: _____

Reason previous attorney(s) no longer represent the client in this case: _____

• If case is already filed, next court date, time, location: _____

• Type of hearing: _____ Trial date: _____

COURT CAUSE NUMBER/CASE NUMBER: _____

Are there any other legal matters pending? YES / NO **If yes**, give details on page 5 under description of legal problem.

Temporary Orders:

Are there any Temporary Orders? YES / NO Pending _____ in effect _____

Does the motion for Temporary Orders seek to order you out of the house in which you and partner lived? YES / NO

CLIENT FAMILY LAW ISSUE INFORMATION:

<u>MARRIED?</u>	<u>DIVORCED:</u>	<u>IF UNMARRIED?</u>	<u>NAMES AND AGES OF CHILDREN:</u>
Yes _____	Yes _____ No _____	Paternity established?	_____ DOB _____
No _____	If yes, when: _____	Yes _____ No _____	_____ DOB _____
If yes, Date: _____	Children? Yes ___ No ___	If yes, when: _____	_____ DOB _____
Children? _____	Does the children reside	How: Court Order _____	_____ DOB _____
Yes ___	With you _____	Affidavit _____	_____ DOB _____
No ___	Other party _____		_____ DOB _____

Parenting Plan:

Are you or your children a member of a recognized tribe? Yes No If so, name of tribe _____

During the last 5 years, where have the children lived? _____

During the last 5 years, who have the children lived with? _____

Currently, where are the children located? _____

Is CPS involved? Yes/No

Is there a substance abuse issue? Yes/No

Is there or has there ever been domestic violence? Yes _____ No _____

Is there a Protective Order in Place? Yes _____ No _____ if yes, is it a Temporary order or Permanent order ?

Terms of Order: _____

Is there a Parenting Plan in Place? Yes _____ No _____ If yes, is it Temporary order or Permanent order ?

Are the visitations restricted/supervised in any way? Please explain: _____

In Your Own Words Briefly Describe Your Legal Problem (Please Print):

If you need additional space, attach sheet of paper on back of application.

Signature

Date

Print Name

Please return completed application to Lewis County Bar Legal Aid located at:
19 SW Cascade Ave. Chehalis Wa. 98532.

Include your most current verification of income.

Lewis County Bar Legal Aid hours are: 10:00 a.m.-4:00 p.m. Monday-Friday with the exception of Wednesday when the office is closed from 11:30 a.m.-1:00 p.m. for staff training.

Lewis County Bar Legal Aid

19 SW Cascade Ave. ☒ P.O. Box 117, Chehalis, WA. 98532

Voice: (360) 748-0430 (Client line) ☒ Fax (360) 748-7715

Income Verification

Client First/Last Name: _____ **Date:** _____

Name of Individual Verifying Client's Income: _____

Relationship to Client: _____

Does client have income? If so, source of income and amount. _____

If no income, to the best of your knowledge, how long has the client been without income?

Additional comments:

I, being of sound mind and over the age of 18, declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____/_____

Signature of person verifying

Date