



Pro Bono Volunteer Lawyers Program Client Application

Complete on your computer by using the Tab key, or please print.

Name _____

Are you under the age of 18? Yes No

Address _____

Are you a victim of domestic violence? Yes No

City/State/Zip _____

Number of Adults in Household _____

Phone _____

Number of Children in Household _____

Best time to call _____

Total Number in Household _____

E-mail _____

Year and make of your car _____

Gross Monthly Income:

Assets:

Expenses:

Employment: \$ _____

Residence (if you own): \$ _____

Rent: \$ _____

Unemployment: \$ _____

Property (not your residence): \$ _____

Utilities: \$ _____

Welfare: \$ _____

Checking/Savings: \$ _____

Child Support: \$ _____

Child Support: \$ _____

CDs: \$ _____

Vehicle Loan: \$ _____

Social Security/Disability: \$ _____

Recreational Vehicles: \$ _____

Student Loans: \$ _____

Other Monthly Income: \$ _____

Other Assets: \$ _____

Other Payments: \$ _____

TOTAL INCOME: \$ _____

TOTAL ASSETS: \$ _____

(please describe)

Which best describes your case?

Were you served with papers? Yes No Date: _____

- Bankruptcy/Debt Collection
- Consumer Protection/Fraud
- Contracts/Leases
- Custody
- Divorce
- Domestic Violence/Stalking
- Guardianship - Adult/Child
- Non-Profit Corporation Assistance
- Power of Attorney/Living Will
- Social Security Insurance/SSDI
- Wills and Probate

In which county was your case filed? _____

Deadlines: _____

Names of attorneys with whom you have discussed your case or hired:

(court dates, time to answer, etc.)

Opposing Party

Name _____

Address _____

City/State/Zip _____

Income _____

Attorney _____

