



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:

Referred by:

Employment: \$ _____

Residence \$ _____

Friend

Unemployment: \$ _____

Checking/Savings: \$ _____

Relative

Welfare: \$ _____

CDs: \$ _____

Attorney

Child Support: \$ _____

Stock/Bonds: \$ _____

Website

Social Security/Disability: \$ _____

IRAs: \$ _____

Agency

Foodstamps: \$ _____

House: \$ _____

Court

Other Monthly Income: \$ _____

Trailer: \$ _____

Other: _____

TOTAL INCOME: \$ _____

Property (not your residence): \$ _____

Other Assets: \$ _____

TOTAL ASSETS: \$ _____

Which best describes your case?

Were you served with papers? Yes No Date: _____

- Adoption
- Bankruptcy
- Consumer
- Contracts
- Custody
- Divorce
- Domestic Violence/Stalking
- Guardianship - Adult
- Guardianship - Child
- Incorporation
- Modification
- Non-Profit Assistance
- Power of Attorney
- Post-Divorce Contempt
- Social Security Insurance
- 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 _____

