

ANISHINABE LEGAL SERVICES

Application/Intake Form APPLICANT INFORMATION

NAME: _____ MARITAL STATUS: _____ DOB: _____
 ADDRESS: _____ (Street or PO Box) SEX: M or F SS#: _____
 ADDRESS: _____ (City, State, Zip) COUNTY: _____ DOMESTIC VIOLENCE
 ETHNICITY: WH BK NA OTHER: _____
 HOME PHONE: _____ ENROLLED: Y N TRIBE: _____
 WORK/MESSAGE PHONE: _____ VETERAN: Y N or Household member

APPLICANT'S LEGAL PROBLEM: _____

OPPOSING PARTY INFORMATION

What person or organization is opposing you in this matter:

NAME: _____ ADDRESS: _____
 DOB: _____ PHONE: _____

ATTORNEY'S NAME: _____ PHONE: _____

HOUSEHOLD FINANCIAL STATUS

TOTAL # IN HOUSEHOLD: ADULTS: _____ MINORS: _____ GROUP OF CLIENTS: YES NO

MONTHLY INCOME	WAGES	SOCIAL SECURITY/SSI	PUBLIC ASSISTANCE (not including Food Support Benefits)	OTHER (VA, child support, etc.)	TOTAL
Applicant	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

VALUE OF ASSETS IN HOUSEHOLD	CASH(including checking or savings)	PERSONAL PROPERTY	VEHICLES (Allow one per wage earner)	OTHER	TOTAL
Applicant, Spouse, Other	\$	\$	\$	\$	\$

MEANS TESTED INCOME ASSETS ASKED AND NO ASSETS AT ALL

Does applicant expect to receive income in the near future?	Yes	No
Amount and when/source	\$	

I hereby apply for legal services from Anishinabe Legal Services. I understand that ALS will consider my application and decide whether they can provide me with assistance in accordance with their rules and policies and the rules and regulations of the Legal Services Corporation. I also understand that if I am not satisfied with the decision of ALS, I may file a grievance or appeal in accordance with the ALS Grievance Policy.

Applicant Signature

Date

****I certify to ALS that I am a citizen of the United States of America.****

By Phone

Applicant Signature

Date

ADVOCATE: _____ DATE: _____ PROBLEM CODE: _____ FUNDING SOURCE: _____