

**Teleclinic Date:**  
 Interpreter Needed?  
 Other (if applicable):

## FAMILY LAW TELECLINIC APPLICATION

THANK YOU FOR YOUR INTEREST IN ONE OF OUR LEGAL TELECLINICS.  
 PLEASE COMPLETE THE FOLLOWING APPLICATION IN ITS ENTIRETY.

**IF A QUESTION DOES NOT APPLY TO YOU, PLEASE PUT "N/A." INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

<b>Full Name:</b>		<b>DOB:</b>
<b>Aliases (AKA):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone No.:</b>	<b>Email:</b>	
Do you consent to texts? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is it safe to send emails to this address?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you attended a Teleclinic in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, for same issue?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### LEGAL ISSUE

<b>Please explain your legal issue to the best of your ability:</b>	
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Adoption   
  Child Custody/Visitation   
  Child Support   
  Divorce with minor children  
 Divorce without minor children   
  Domestic Violence   
  Kinship Guardianship   
  Spousal Support  
 Other:

<b>Has a Case Been Filed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Case #: _____
	Case Status: <input type="checkbox"/> Just Filed <input type="checkbox"/> In Mediation <input type="checkbox"/> Hearing Set <input type="checkbox"/> Order Entered
	Name of Opposing Counsel (if any):
	Upcoming Events: <input type="checkbox"/> Court Date/Hearing <input type="checkbox"/> Mediation <input type="checkbox"/> Deadline <input type="checkbox"/> Other: _____ Date: _____ Time: _____

<b>Are you Petitioner (you filed) or Respondent (someone else filed)?</b>	_____
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### OPPOSING PARTIES (the person/people you have a conflict with).

Please provide the names, relationship, and date of birth of each opposing party.  
 For example, if seeking advice for divorce, list the name and date of birth of your spouse.

Full Name & Aliases/AKA (if any)	Relationship/Role in Case	DOB


**CHILDREN INVOLVED**

<i>Full Name</i>	<i>DOB</i>

**CLIENT DEMOGRAPHICS**

**\*Please Note\* The information that you provide is confidential and used for statistical reporting only.**

Residence type. (For example, house, apartment, rental room, condo, shelter, with a relative):

How many adults reside in the household? \_\_\_\_\_ How many children reside in the household? \_\_\_\_\_

Do you have any disabilities?  No  Yes If yes, please list:

Is any member of your household a Veteran?  No  Yes Have you served in the military?  No  Yes

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_

How did you hear about Teleclinic? \_\_\_\_\_ Are you a victim of domestic violence?  No  Yes

**FINANCIAL INFORMATION**

**The information you provide is confidential and is used to determine eligibility for free legal advice.**

What is your gross monthly income (the amount you make before taxes)? List the amount and source of each type of income. For example, "employment \$\_\_\_," "SS \$\_\_\_," "child support \$\_\_\_," etc.):

What is the additional monthly household income (estimate of others' income living in the home)? List the amount and source of each type of income:

Monthly rent/mortgage payment. Please identify the dollar amount here:

Please list additional monthly expenses necessary for dependent care and employment (e.g. car insurance \$\_\_\_, car payment \$\_\_\_, child support \$\_\_\_, student loan payment \$\_\_\_, daycare \$\_\_\_, etc.):

Do you have a vehicle or home other than your main vehicle or home?  No  Yes

If you own a vehicle or home other than your main vehicle or home, please identify the dollar amount here:

Please identify the dollar amount of personal property (assets) you own (Ex: jewelry, boats, collectibles):

Please identify the dollar amount in your checking account:

Please identify the dollar amount in your savings account:

## ASSISTANCE STATEMENT

By signing here, I give permission for the information provided on this form to be shared with a volunteer attorney who will be advising me today. I agree and understand that the volunteer attorney who will speak with me today is not agreeing to be my legal representative. I understand the attorney will only provide me with brief legal information or advice and may assist me with reviewing or drafting documents during this clinic or legal fair only. If the attorney assists me in drafting any documents, I understand the attorney does not assume responsibility for taking later actions or preparing any subsequent documents that may be necessary for my case. I understand the court and/or judge who hears my case is not bound by anything said to me today. I understand I am in charge of handling my own case and I will make my own decisions about how I handle my case. I understand the benefits and risks of such an arrangement and give my complete and informed consent to this limited assistance. Thank you.

*Signature:* \_\_\_\_\_

Date: \_\_\_\_\_