

ACCESS TO JUSTICE, INC.
Application/Intake Form

Applicant Name: _____	Social Security #: _____
Other Names Used: _____	Date of Birth: _____
Address: _____ City/State: _____ Zip Code: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Group
Email Address: _____	Applicant is a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
County of Residence: _____	Primary Language: _____
Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____	Marital Status: (Check one) <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married
	Spouse's Name (if married): _____
Applicant's Race/ Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Canadian Border Native Am <input type="checkbox"/> Caucasian <input type="checkbox"/> Group <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Applicant: <input type="checkbox"/> Is Disabled <input type="checkbox"/> Is a Veteran <input type="checkbox"/> Has Limited English Proficiency <input type="checkbox"/> Requires an Interpreter <input type="checkbox"/> Lives in a Rural Area <input type="checkbox"/> Lives Alone <input type="checkbox"/> Is Homebound <input type="checkbox"/> Is a Migrant Worker <input type="checkbox"/> Is Mentally Challenged <input type="checkbox"/> Is Institutionalized <input type="checkbox"/> Is an Immigrant/Refugee/Asylum Seeker
Of Hispanic Descent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Composition: # Persons 17 years of age and younger: _____ # Persons between ages of 18-59: _____ # Persons 60 years of age and older: _____	Is your current problem a result of: Domestic Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No Stalking? <input type="checkbox"/> Yes <input type="checkbox"/> No Sexual Assault? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD FINANCIAL INFORMATION

(Please list GROSS monthly income and assets for all members of your household)

Monthly Income				Assets			
Income Source	Applicant	Other	Total	Value of Assets	Applicant	Other	Total
Employment	\$	\$	\$	Checking Accounts	\$	\$	\$
Social Security	\$	\$	\$	Savings Accounts	\$	\$	\$
SSI/Disability	\$	\$	\$	Trust Accounts	\$	\$	\$
TANF/Welfare	\$	\$	\$	Automobiles/Trucks	\$	\$	\$
Pensions	\$	\$	\$	Other Vehicles/RV's	\$	\$	\$
Other Pensions	\$	\$	\$	Houses/Homes	\$	\$	\$
Retirement	\$	\$	\$	Deeded Land	\$	\$	\$
Other	\$	\$	\$	Other Assets	\$	\$	\$
Total	\$	\$	\$	Total	\$	\$	\$

Do you have any reason to believe your income is likely to change significantly in the near future? ___Yes ___No
If "yes", please explain:

Applicant's legal problem: (What do you need/want help with?)

Has Applicant or the opposing party filed pleadings in this matter? ___Yes ___No
(If yes, please attach copies of the pleadings to this application.)

Has Applicant been served with pleadings? ___Yes ___No
(If yes, please attach copies of the pleadings to this application.)

Is there a hearing date scheduled? ___Yes ___No If yes, date of hearing: _____

Are there any existing Court Orders in this matter? ___Yes ___No
(If yes, please attach copies of the Court Orders to this application.)

Is it safe to contact you at the address, email address and phone numbers you provided on this application? ___Yes ___No
If not, how can we contact you?

<p>Opposing Party Information:</p> <p>Name: _____ Address: _____ City/State/Zip _____ Phone Number: _____ Attorney: _____</p> <p>What is your relationship to the opposing party? _____</p>	<p>Who referred you to us?</p> <p>___ Dakota Plains Legal Services ___ East River Legal Services ___ Pierre Area Referral Service ___ USD School of Law ___ Judge ___ Lawyer/Attorney ___ Domestic Violence Program/Shelter ___ Friend ___ Family Member ___ Other _____</p> <p>Have you applied to our program before? ___Yes ___No</p>
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CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR REFERRAL

The undersigned applicant hereby certifies that the information contained in this application is true and correct to the best of his/her knowledge, information and belief.

Applicant understands that Access to Justice makes no guarantee that applicant or applicant's case will be accepted or that there are resources available, willing or able to help the applicant.

Applicant understands that his/her case may be referred to organizations who can only provide assistance in accordance with their policies and/or regulations of the Legal Services Corporation.

In the event that applicant's case is accepted for participation, applicant understands that he/she is responsible for all costs associated with his/her case.

Applicant further understands that Access to Justice makes no assurances with regard to the outcome of his/her case.

Applicant hereby authorizes Access to Justice to release any and all information obtained regarding the applicant or his/her case to volunteers and organizations/programs for potential assistance for his/her legal matter.

Applicant Signature Date