



APPLICATION FOR LEGAL ASSISTANCE: FEDERAL CIVIL PRO BONO PROGRAM

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden or Other names you have used: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Gender: Female Male

Email Address: _____

Telephone #: _____ Home Cell Work

Alternate Telephone #: _____ Home Cell Work

Are you a United States Citizen? Yes No

If you are not a U.S. citizen, are you a legal resident? Yes No

If yes, please indicate the type of residency (permanent or temporary): Permanent Temporary

Please provide your residency #: _____

How did you hear about Birmingham Bar Volunteer Lawyers Program? (Please check all that apply):

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Court	<input type="checkbox"/> Family	<input type="checkbox"/> Internet
<input type="checkbox"/> Legal Service Program	<input type="checkbox"/> Prior Use	<input type="checkbox"/> Private Bar	<input type="checkbox"/> Social Agency
<input type="checkbox"/> Telephone Book	<input type="checkbox"/> Legal Services of Alabama	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other

Marital Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow
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Race/Ethnicity:

<input type="checkbox"/> African American/Black	<input type="checkbox"/> African American & White	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> American Indian & Black	<input type="checkbox"/> American Indian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & Black	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Household and Income Information

Living Arrangements (Please check all that apply):

<input type="checkbox"/> Own/Mortgaged House	<input type="checkbox"/> Rent House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Own/Financed Mobile Home/RV	<input type="checkbox"/> HUD/Public Housing	<input type="checkbox"/> FEMA Trailer	<input type="checkbox"/> Rent Room	<input type="checkbox"/> Shelter
<input type="checkbox"/> Rented Mobile Home/RV	<input type="checkbox"/> Section 8 Voucher	<input type="checkbox"/> Military Base	<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> With Friend

With Relative

Total number of people in household: _____

Number of people in household age 19 or older: _____

Number of people under the age of 19: _____

If you are employed, list your place of employment: _____

What is your job title/position/profession? _____

How long have you been employed by your current employer? _____

List everyone in your household & their monthly incomes (Please include yourself as a part of your household:

Name	Relationship to You	Age	Amount of Monthly Income before taxes
			\$
			\$
			\$
			\$
			\$

Income Source(s) (Please include monthly amount):

<input type="checkbox"/> ADFC/TANF \$ _____	<input type="checkbox"/> Alimony \$ _____	<input type="checkbox"/> Army Reserve \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Financial Aid \$ _____	<input type="checkbox"/> Rental Income \$ _____	<input type="checkbox"/> Pension \$ _____
<input type="checkbox"/> Self-Employment \$ _____	<input type="checkbox"/> SSD Disability \$ _____	<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> SS Survivor Benefits \$ _____
<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Spousal Support \$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Trust/Interest/Dividends \$ _____
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployment. Comp. \$ _____	<input type="checkbox"/> Veterans Benefits \$ _____	<input type="checkbox"/> Worker's Comp. \$ _____
<input type="checkbox"/> Other Income \$ _____			

If you are paid hourly, how many hours per week do you work? _____ How much do you earn per hour? \$ _____

Are you expecting an increase in your household income in the near future? Yes No

If yes, state the source/type of increase income and the amount of increase:

Source/Type: _____

Amount: \$ _____

If no, and you did not list any source of income, how are you paying your bills/expenses?

Monthly Expenses (Please list the amount of your monthly expenses for the following):

<input type="checkbox"/> Alimony \$ _____	<input type="checkbox"/> Car Insurance \$ _____	<input type="checkbox"/> Chapter 13 payment \$ _____	<input type="checkbox"/> Childcare \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Expenses to/from work \$ _____	<input type="checkbox"/> Garnishment \$ _____	<input type="checkbox"/> Health Ins. \$ _____
<input type="checkbox"/> Home Ins. \$ _____	<input type="checkbox"/> Land Pymt. \$ _____	<input type="checkbox"/> Medical \$ _____	<input type="checkbox"/> Mobile Home Pymt \$ _____
<input type="checkbox"/> Mortgage \$ _____	<input type="checkbox"/> Nursing Home \$ _____	<input type="checkbox"/> Payday Loan \$ _____	<input type="checkbox"/> Rent \$ _____
<input type="checkbox"/> 2 nd Mortgage \$ _____	<input type="checkbox"/> Student Loan Pymt. \$ _____	<input type="checkbox"/> Unpaid taxes \$ _____	<input type="checkbox"/> Vehicle Pymt. \$ _____

Assets:

Do you own or are you buying a home that you live in? Yes No

If yes, how much is the home worth? \$ _____ How much do you owe on the home? \$ _____

Do you own or are you buying additional property? Yes No

What type of property? House Condominium Other, describe: _____

If yes, how much is the property worth? \$ _____ How much do you owe on the property? \$ _____

Do you own or are you buying land? Yes No

If yes, how much is the land worth? \$ _____ How much do you owe on the land? \$ _____

Do you own or are you buying any vehicles? Yes No

If yes, how many vehicles do you own or are you buying? _____

How much do you owe on the vehicle(s)? \$ _____ How much are the vehicle (s) worth? \$ _____

Do you own any Certificates of Deposit/Stocks/Bonds? Yes No

If yes, please list the value of the Certificates of Deposit/Stocks/Bonds \$ _____

Do you have any money in a checking or savings account? Yes No

If yes, what is the current balance in the account \$ _____

A part from the items listed above, do you own any possessions or personal property worth more than \$5,000? Yes No

If yes, list the item(s), value and the value _____

Benefits you or anyone in your household receives (please check all that apply):

<input type="checkbox"/> Food stamps/SNAP \$ _____	<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Childcare assistance \$ _____	<input type="checkbox"/> Medicaid \$ _____
<input type="checkbox"/> Customer Waiver Electricity \$ _____	<input type="checkbox"/> Public Housing \$ _____	<input type="checkbox"/> Lifeline/Phone \$ _____	<input type="checkbox"/> Section8 \$ _____
<input type="checkbox"/> Family Assistance/TANF \$ _____	<input type="checkbox"/> Senior Citizen Housing \$ _____	<input type="checkbox"/> ALL Kids \$ _____	<input type="checkbox"/> Utility Assistance \$ _____
<input type="checkbox"/> WIC \$ _____	<input type="checkbox"/> USDA/Rural Housing \$ _____	<input type="checkbox"/> Other \$ _____	

Demographics (please check all that apply):

<input type="checkbox"/> Domestic Violence Victim	<input type="checkbox"/> Elderly, over age 74	<input type="checkbox"/> Military	<input type="checkbox"/> Person with disabilities	<input type="checkbox"/> Sexual Violence Victim
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Stalking Victim	<input type="checkbox"/> Student	<input type="checkbox"/> Veteran	

Highest Education Level:

<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High	<input type="checkbox"/> High School	<input type="checkbox"/> G.E.D.	<input type="checkbox"/> Junior College
<input type="checkbox"/> College/University	<input type="checkbox"/> Graduate School	<input type="checkbox"/> Other _____		

Type of case or legal matter (Please check all that apply):

<input type="checkbox"/> Employment Discrimination	<input type="checkbox"/> Labor	<input type="checkbox"/> Prisoner Civil Rights	<input type="checkbox"/> Other Civil Rights	<input type="checkbox"/> Immigration/Deportation
<input type="checkbox"/> Personal Injury Defense	<input type="checkbox"/> Real Property	<input type="checkbox"/> Contract	<input type="checkbox"/> Forfeiture/Penalty	<input type="checkbox"/> Intellectual Property Rights
<input type="checkbox"/> Federal Tax Suits	<input type="checkbox"/> Social Security	<input type="checkbox"/> Banking and Commerce	<input type="checkbox"/> Consumer Credit and Financial Services	<input type="checkbox"/> Employee Benefits
<input type="checkbox"/> Agricultural Acts	<input type="checkbox"/> Environmental	<input type="checkbox"/> Freedom of Information Act	<input type="checkbox"/> Constitutional Rights	<input type="checkbox"/> Other Describe: _____

Does your legal issue put you at the risk of not being able to pay your mortgage? Yes No

Adverse Party Involved:

Company or Individual

Name: _____ Plaintiff Defendant Other

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone #: _____

Please provide a brief description of your legal issue: (please use the back of this page if more space is needed)

Court Hearing & Case Information:

Are you being sued? Yes No

Is there a court hearing set for this case? Yes No

If yes, what in what county is the hearing? _____

What date is the hearing? _____ What time is the hearing? _____

Do you have court papers? Yes No

If yes, on what date did you receive the court papers? _____

What is the case number? _____

Have you filed an answer? Yes No

If no, what is/was the deadline for filing the answer? _____

Do you have any other documents related to your case? Yes No

Are there any deadlines associated with your case? Yes No

If yes, what is/are the deadline(s)? _____

To the best of my knowledge, all of the information provided in this application is truthful and accurate.

Signature: _____ **Date:** _____