



# Application for Legal Assistance

## 1. What Brought You Here. (Please print clearly).

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

Briefly state your legal issue: \_\_\_\_\_

Are you (or have you been) represented by an attorney in this matter? If so, who? \_\_\_\_\_

How did you find out about this free legal clinic? \_\_\_\_\_

## 2. Basic Information About You.

Please state your full name:		<b>For office use only-ID Check _____</b>
Other names you go by or have used in the past:		
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Marital Status: <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Last four digits of your Social Security Number: XXX-XX-____ ____ ____ ____		

<p><b><u>U.S. Citizenship Status:</u></b></p> <p><input type="radio"/> I am a citizen of the United States. Signature: _____ Today's Date: _____</p> <p><input type="radio"/> I am NOT a U.S. Citizen, but I am a Legal Permanent Resident (Green Card Holder)</p> <p><input type="radio"/> Other Immigration Status (e.g., DACA or Special Immigrant Juvenile Status) If so, what? _____</p> <p><input type="radio"/> Undocumented</p>	<p><b><u>Citizenship status does not affect services provided by Houston Volunteer Lawyers</u></b></p>
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Cell Phone: (____) ____-_____	Home Phone: (____) ____-_____	Email:
Do we have permission to text you? Normal data rates will apply. <input type="radio"/> Yes <input type="radio"/> No		
Current Mailing Address: _____		
City: _____ State: _____ Zip: _____		
Is it safe to use this mailing address to communicate with you about your case? <input type="radio"/> Yes <input type="radio"/> No		
County in which you currently live:		

**If your mailing address is not safe, provide a safe contact address:**

Safe Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your living arrangement (circle one)?    Own a home    Rent    Live with relative/friend  
Homeless    Shelter    Other \_\_\_\_\_

How would you prefer to be contacted (circle one)?    Home Phone    Cell Phone    Email

How would you prefer to receive written materials (circle one)?    Email    U.S. Mail

What is your race (circle one)?  
Caucasian    African-American    Hispanic    Asian    Native American    Middle Eastern    Other

Is English your first language?     Yes     No    Preferred language:

How comfortable are you talking about your case in English?    Very Well    Well    Not Well    Not at all

Are you disabled?     Yes     No    Do you identify as LGBTQ?     Yes     No     Prefer Not to Answer

Are you currently a student (K-12, College, Grad School, Vocational, etc.)?     Yes     No

Have you or your child received treatment from Texas Children's Hospital (TCH) within the past year? *This includes any TCH location, including the Medical Center, West Campus (Katy), The Woodlands, a Texas Children's Pediatric Clinic, or Mobile Clinic.*     Yes     No

Were you affected by Hurricane Harvey?     Yes     No. If Yes, how?

Are you a U.S. veteran?     Yes     No    Are you the spouse/surviving spouse of a U.S. veteran?     Yes     No

Please circle your branch of service:    Army    Navy    Air Force    Marine    Coast Guard

What discharge did you receive (e.g., Honorable, General, OTH)?

Have you been the victim of domestic violence (reported or unreported)?     Yes     No

If you have been the victim of domestic violence, does the abuser live with you?     Yes     No

**3. Household Information. Please list every person you consider part of your household.**

Full Name	Relationship	Birthdate	In High School
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Full Name	Relationship	Birthdate	In High School
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

For anyone in your household who is not your spouse or child, is there a court order in place that requires you to care for them?  Yes  No

**4. Income.** Provide the total MONTHLY BEFORE TAX earnings/income received by any person in your household. If you & no one else in your household have that income, check the box in the last column.

Type of Income	Amount you earn/receive:	Amount someone else in my household earns/receives:	Name of household member who gets it:	I don't have this income & no one in my household has it (check box)
Wages/Job(s)	\$ _____	\$ _____	_____	<input type="checkbox"/>
Your hourly rate?	_____	On average, hours a week worked?	_____	
Child Support (amount received)	\$ _____	\$ _____	_____	<input type="checkbox"/>
Pension/Retirement	\$ _____	\$ _____	_____	<input type="checkbox"/>
SSI	\$ _____	\$ _____	_____	<input type="checkbox"/>
Social Security (specify)	\$ _____	\$ _____	_____	<input type="checkbox"/>
VA Benefits	\$ _____	\$ _____	_____	<input type="checkbox"/>
TANF	\$ _____	\$ _____	_____	<input type="checkbox"/>
Food Stamps	\$ _____	\$ _____	_____	<input type="checkbox"/>
Unemployment	\$ _____	\$ _____	_____	<input type="checkbox"/>
Workers Compensation	\$ _____	\$ _____	_____	<input type="checkbox"/>
Cash/Gifts from friends or family	\$ _____	\$ _____	_____	<input type="checkbox"/>
Rental Income/Royalties	\$ _____	\$ _____	_____	<input type="checkbox"/>
Private Disability	\$ _____	\$ _____	_____	<input type="checkbox"/>
Alimony	\$ _____	\$ _____	_____	<input type="checkbox"/>
Scholarship (amount to you only)	\$ _____	\$ _____	_____	<input type="checkbox"/>
Gambling	\$ _____	\$ _____	_____	<input type="checkbox"/>
Trust/Interest/Dividends	\$ _____	\$ _____	_____	<input type="checkbox"/>
Other (specify)	\$ _____	\$ _____	_____	<input type="checkbox"/>

**5. Expenses.** Monthly expenses paid by any person in your household.

Rent/Mortgage	\$ _____	Home/Renters Insurance	\$ _____
Child Care	\$ _____	Property Taxes	\$ _____
Unreimbursed Medical	\$ _____	Child Support (amount paid)	\$ _____
Car Payments	\$ _____	Car Insurance	\$ _____
Transportation for Work	\$ _____	Student loans	\$ _____
Disability-related expenses	\$ _____	Age-related expenses	\$ _____
Other Loans (specify)	\$ _____		

**Do you have any reason to believe that your household income is likely to substantially change in the near future?**  Yes  No If yes, when and how so?

**6. Assets.** Please estimate the value of all assets held by any person in your household.

Type of Asset:	Whose name(s) is it in?	Estimated Value:	Amount owed:	No one owns this:
House	_____	\$_____	\$_____	<input type="checkbox"/>
Land/Other House(s)	_____	\$_____	\$_____	<input type="checkbox"/>
401(K)/Pension/IRA	_____	\$_____	\$_____	<input type="checkbox"/>
Cash (wallet & at home)	_____	\$_____	\$_____	<input type="checkbox"/>
Checking Account(s)	_____	\$_____	\$_____	<input type="checkbox"/>
Savings Account(s)	_____	\$_____	\$_____	<input type="checkbox"/>
Stocks/Bonds/CDs/Mutual Funds	_____	\$_____	\$_____	<input type="checkbox"/>
Other Financial Accounts	_____	\$_____	\$_____	<input type="checkbox"/>
Other (describe)	_____	\$_____	\$_____	<input type="checkbox"/>

**Personal Property:** If you sold everything in your home, right now, how much would you get? \$\_\_\_\_\_

**Vehicles:** Provide information about all vehicles, motorcycles, boats, RVs, etc. in your household (ask for more paper if you have more than 3).  I don't have a vehicle and neither does anyone else in my household, OR

Year, Make, & Model	Whose name(s) is it in?	Estimated Value	Amount owed, if any	Is the vehicle used for transportation?
_____	_____	\$_____	\$_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	\$_____	\$_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	\$_____	\$_____	<input type="radio"/> Yes <input type="radio"/> No

**7. About your legal problem.**

Who are you having problems with (opposing party's name)?	
What is your relationship to them (e.g., spouse, tenant, customer)?	
Opposing Party's Mailing Address: _____	
City: _____ State: _____ Zip: _____	
Last four digits of opposing party's social security number: XXX-XX-____ ____ ____ ____	Opposing party's birth date:
Have you been served with any court documents? <input type="radio"/> Yes <input type="radio"/> No	If yes, case #?
Do you have any upcoming hearing dates? <input type="radio"/> Yes <input type="radio"/> No	If yes, when?
Do you have a deadline to respond or answer? <input type="radio"/> Yes <input type="radio"/> No	If yes, by when?
Is opposing party represented by an attorney? <input type="radio"/> Yes <input type="radio"/> No	If yes, who?

### ACKNOWLEDGEMENT OF NO REPRESENTATION

I understand and acknowledge that I am **NOT** a client of Houston Volunteer Lawyers and that I am **NOT** represented in any matter as a result of the information I have provided in this application. I further understand and acknowledge that my provision of information to Houston Volunteer Lawyers to determine my eligibility for services does not, by itself, mean that Houston Volunteer Lawyers cannot help other people who might be adverse to me.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### VERIFICATION OF INFORMATION

I verify that the financial information in this application is true and correct. I further understand and acknowledge that Houston Volunteer Lawyers may terminate services at any time upon learning that I made false or misleading statements in this application or while discussing the facts of my case with any Houston Volunteer Lawyers staff or volunteers.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### VOLUNTEER RECRUITMENT

I authorize Houston Volunteer Lawyers to share information about my case with potential volunteers for the purpose of trying to find me legal representation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### AUTHORIZATION TO SHARE INFORMATION

**I AGREE / DO NOT AGREE** (circle one) that Houston Volunteer Lawyers may share the information contained in this application with other legal service providers for the purpose of helping me find legal representation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>For HVL Office Use Only:</b>			
5.A. Income Eligible	<input type="radio"/> Yes <input type="radio"/> No	5.B. Income Exception (allows 125%-200%)	<input type="radio"/> Yes <input type="radio"/> No
7.A. Asset Eligible	<input type="radio"/> Yes <input type="radio"/> No	7.B. Asset Waiver (excess assets combined w/ income)	<input type="radio"/> Yes <input type="radio"/> No
1. Citizenship Attestation Signed & Dated	<input type="radio"/> Yes <input type="radio"/> No		
Intake Location: _____		HVL Staff (name & #): _____	
Date: _____		Interpreter: _____	

## What we expect from you

Houston Volunteer Lawyers is here to help. To serve you as best we can, we need your cooperation. Here is a list of what we expect from you. If you do not meet these expectations, we have the right to immediately close your file and cease any further services. If you have questions, please ask us to explain.

1. We expect you to conduct yourself appropriately when interacting with our staff and volunteers. This means being considerate and following instructions. Examples of inappropriate conduct include profanity, speaking in a raised voice, intoxication, threats, harassment, and any actual or threatened physical or verbal abuse.
2. We expect you to respect the time of your volunteer lawyer, who is donating valuable time to help you while also handling many other matters. One way to do this is to write down questions you have about your case and schedule a call or meeting with your volunteer lawyer to discuss them, rather than calling your volunteer lawyer every time you think of a question.
3. We expect you to do what you say you are going to do. For example, keep scheduled appointments and phone conferences. If you will be unable to make an appointment or phone call, notify the people involved as soon as you know that you will not make it. If we cannot rely on you, we will not be able to help you. Similarly, if we ask you to provide documents or information, we expect you to follow through and to let us know as soon as possible if you will be unable to do so.
4. We expect you to notify Houston Volunteer Lawyers immediately if:
  - a. You find legal services elsewhere (through another provider or attorney).
  - b. Your contact information changes.
  - c. You get a job, change jobs, or lose your job.
  - d. Your living arrangements or other circumstances change in any way that may affect your household income or legal issue. This includes pregnancy.
5. We expect you to communicate your needs to our staff and volunteers as quickly as possible, understanding that we may not be able to satisfy last minute requests.
6. Although our program can connect you with a lawyer volunteering their time, we do not control costs set by others, including court filing fees, constable costs, witness fees, copy costs, or the fees of professionals appointed by a court to provide services in your case. If these or other similar costs arise in your case and cannot be waived, you will be responsible for paying them.

You have the right to call Houston Volunteer Lawyers at any time. You have the right to present concerns you have to the Executive Director of Houston Volunteer Lawyers. If the Executive Director does not adequately address your concerns, you have the right to present your concerns to the Chair of the Board of Directors of Houston Volunteer Lawyers.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_