APPLICATION (For Legal Assistance)

APPLICANT (YOU):

Full Legal Name _____

Please list any other names by which you are known (including maiden name, former married names and nicknames). _____

Gender ☐Male ☐Female ☐Other _____ SSN _____
Birthdate _____ Age _____ Driver's License/ID # _____

Physical Address _____
City _____ State _____ Zip Code _____ County _____
Mailing Address _____

Home Phone (____)-_____ Cell Phone (____)-_____
Work Phone (_____)-_____ Email _____

LANWT may send you texts about appointment reminders, court dates, deadlines, or requests to call.
Do you agree to receive text communications from LANWT on your cell phone? ☐Yes ☐No
You can cancel at any time by texting us "STOP," calling us, or sending us an email.

Is it safe to communicate with you at the address, email and phone number you provided? ☐Yes ☐No

County of Dispute (what county is this case in) _____

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced
☐Widowed ☐Other _____

Current Living Situation: ☐Own ☐Rent ☐Living with family/friends
☐Unhoused ☐Other _____

Have you ever served in the military, reserves or National Guard? ☐Yes ☐No
Has anyone in your household ever served in the military, reserves or National Guard? ☐Yes ☐No

Are you: a U.S. Citizen? ☐Yes ☐No a Migrant worker? ☐Yes ☐No
living with a disability? ☐Yes ☐No a victim of abuse? ☐Yes ☐No
a disaster survivor? ☐Yes ☐No If yes, which? _____

EMPLOYMENT STATUS (*check one*): ☐Employed ☐Retired ☐Not Employed ☐Self-Employed

PRIMARY LANGUAGE (*check one*): ☐English ☐Spanish ☐Chinese ☐French ☐Arabic
☐Japanese ☐Korean ☐Vietnamese ☐Sign Language ☐Other _____

RACE (*check one*): ☐Black / African American ☐Asian or Pacific Islander
☐Hispanic Origin ☐White / Caucasian/Anglo ☐Native American
☐Prefer not to Identify ☐Other _____

OPPOSING PARTY (*person, persons or organization you are having a legal problem with*):

Entity Type ☐Person(s) ☐Organization / Business

Full Name _____ Phone # _____

Please list any other names by which the adverse (opposing) party may be known *(including maiden name, former married names, and nicknames*). _____

Full Address _____
City _____ State _____ Zip _____ County _____

If it is an Individual: SSN _____ Birthdate _____ Age _____
Gender ☐Male ☐Female ☐Other _____
Race _____ US Citizen? ☐Yes ☐No

PEOPLE IN YOUR HOUSEHOLD:

Number of ADULTS _____ Number of CHILDREN (under the age of 18) _____

Name of every person in the household *(include yourself, children, spouse, etc*.)	Relationship	Gender	Age	Social Security Number	Birthdate	Income Type (*Employment, Child / Spousal Support, Retirement, Rent, VA, SSI / SSD, Unemployment, etc.*)	Gross Monthly Amount (*before taxes*)

FINANCIAL INFORMATION

Place of Employment _____ Monthly Gross Income $ _____
Spouse's Monthly Gross Income $ _____
Do you have access to your spouse's income? ☐ Yes ☐No

Check any government benefit you receive and list the **monthly** amount received.

☐TANF $ _____ ☐HUD $ _____ ☐WIC $ _____
☐SSI $ _____ ☐Medicaid $ _____ ☐Social Security $ _____
☐Disability $ _____ ☐Food Stamps $ _____
☐Other _____ $ _____

Do you have any other form of income? ☐Yes ☐No If yes, please list the **monthly** amount below.

☐Child Support $ _____ ☐Retirement $ _____
☐Veteran's Benefits $ _____ ☐Unemployment $ _____
☐Annuity $ _____ ☐Other _____ $ _____

Is anyone helping to support you (*paying your expenses or giving you money to help pay them)*? ☐Yes ☐No

If yes: Who? _____
What is their relationship to you? _____
How are they helping you? _____

Do you think that your income might materially change soon? ☐Yes ☐No

ASSETS:

Do you own your home or are you renting? ☐Own ☐Renting Monthly Payment $ _____
If you own your home, what is it worth? $ _____

Please list any other land, house, or other real estate you own.

☐I do not own any other land, house or other real estate.

Type of Property	Owner	Value

Please list any motor vehicles you own (*including boats, RVs, etc.*).

☐I do not own any motor vehicles.

Year	Make	Model	Titled Owner

Please check all that apply and list the current balance/value.

☐Checking account $ _____ ☐Savings account $ _____
☐Certificate of deposit $ _____ ☐Stocks/Bonds $ _____
☐Cash $ _____ ☐Other _____ $ _____
☐Other _____ $ _____ ☐Other _____ $ _____

Please list any of the following which apply.

Type of Expense	Payment Amount (*include how often or if it is an average/estimated amount*)	Who do you pay?
Child Support, Medical Support, Spousal Support	$	
Child Care Expenses	$	
Elderly Care Expenses	$	
Unreimbursed Medical Expenses / Health Insurance Premiums	$	
Job or Educational Training Expenses	$	
Work or School Related Transportation Expenses	$	
Past Due Income Taxes	$	
Past Due Property Taxes		
Bankruptcy or other Court-ordered Judgment	$	
Other	$	
Other	$	
Other	$	

This is to certify that the information I have provided is true and correct to the best of my knowledge.

I understand that lawyers may not assist new clients in any matters that are against existing or former client's interests. Legal Aid of NorthWest Texas will conduct a Conflict of Interest Check. If it is determined that a conflict of interest exists, LANWT may not be able to provide me with representation in this matter.

Date: **Signed**

Print Name

LEGAL AID OF NORTHWEST TEXAS

I am a citizen of the United States of America (USA).
Soy ciudadano/a de los Estados Unidos Americanos (EEUU).
Tôi là công dân Mỹ (USA).
Je suis un citoyen des Etats-Unis (É-U).

Signature: _____
Firma
Chữ ký
Signature

Date: _____
Fecha
Ngày
Date