

LEGAL AID SOCIETY OF SAN BERNARDINO (BARSTOW)

DATE: _____ CLOSE DATE: _____

Staff use only:
Previous visit date: _____ Previous funder: _____
Previous stat #: _____

HAVE YOU BEEN A CLIENT IN THIS OFFICE BEFORE?

Yes No If yes, when? _____

What were you previously here for? _____

Who referred you to us? _____

Has CPS ever been involved with this case? _____

DO YOU HAVE AN ATTORNEY Yes No

YOUR NAME & ADDRESS:

NAME: _____

Address: _____ Apt: _____

City: _____ Zip: _____

Mailing address (if different than physical address):

Address: _____ Apt: _____

City: _____ Zip: _____

Phone: _____

Date of Birth: _____ Age: _____

Sex: _____ Social Security # _____

Are you pregnant? _____

E-Mail Address: _____

RACE/ETHNICITY (CHECK ALL THAT APPLY):

Non-Hispanic **OR** Hispanic **AND**

Black/African Amer. White

Asian/Pacific Island Native Am.

Other: _____

SPOUSE:

Address: _____ Apt: _____

City: _____ Zip: _____

Phone: _____

Date of Birth: _____ SS# _____

Is this person in the military? _____

ADVERSE PARTY

Address: _____ Apt: _____

City: _____ Zip: _____

Phone: _____ Date of Birth _____

Is this person in the military? _____

MARITAL STATUS

Single

Married

Separated

Divorced

Widowed

Unmarried Partners

NUMBER OF DEPENDENTS

Self Spouse

Children _____

Ages: _____

Other(s) _____

TOTAL NUMBER IN HOUSEHOLD _____

Legal Aid Staff Use Only: District: _____

_____ ICLS _____ CNTY BS C&A

Fee waiver and application Match-Signed: _____

Language: _____ Prob. Cod: _____

Interpreter: _____ CSR Report: Yes No

Citizenship? Yes No Assets: Yes No

Liquid Asst: _____ Non Liquid Asst: _____

If minor(s) involved how many & age: _____

EMPLOYMENT STATUS – I AM:

Employed

Retired

Unemployed

Disabled

Non-working housewife

Migrant farm worker

Student

Military

TOTAL GROSS FAMILY INCOME EACH MONTH (You will have to prove these to the Court, use exact figures from your aid check or from your paycheck)

Your employment \$ _____

Hourly Rate \$ _____ Hrs per week _____

Spouse's Incm. (AVAIL TO YOU) \$ _____

Welfare \$ _____

Social Security \$ _____

Unemployment Insurance \$ _____

SSI \$ _____

Disability \$ _____

Alimony \$ _____

Child Support (that you receive) \$ _____

Other income available to you \$ _____

Specify source: _____

TOTAL MONTHLY INCOME \$ _____

Food Stamps Yes No

FINANCIAL NECESSITIES PAID EACH MONTH:

Medical or nursing costs \$ _____

Payment for IRS or state taxes \$ _____

Child care expenses \$ _____

Transportation for employment \$ _____

Child Support (COURT ORDERED) \$ _____

TOTAL NECESSITIES \$ _____

WHAT IS YOUR LEGAL PROBLEM?

I TRIED GETTING HELP WITH THIS PROBLEM

AT: _____

CITIZENSHIP ATTESTATION

I am a citizen of the United States:

(Signature of Applicant)

(Date)

