

Instructions for Using This Adobe PDF Form

The Legal Aid of East Central Indiana Intake Form can be completed in one of two ways:

1. Simply print this document and fill it out by hand, discard this page, and mail/email the form to the addresses listed on the next page; OR
2. Use Adobe Acrobat Reader and your keyboard to enter information into the PDF form, then print the document, discard this page, and email or mail the form to the addresses listed on the next page.

Completing the Form in Acrobat Reader

It is recommended that you have the **Adobe Acrobat Reader** installed on your computer to complete this form electronically. You can also fill it out by hand and upload it electronically with your phone or other computer. Please contact us if you need assistance electronically completing this form 765-593-1760.

1. You should be prepared to fill out the application in its entirety before you begin as you may not be able to save your progress. Please note that some fields in the form may need to be completed by hand, such as signature. If you are using Acrobat Reader 8.0 or higher you may save the form electronically by clicking "File", then "Save As..."
2. Where you must indicate your response to a question by checking the more appropriate box (yes/no questions) you must use your mouse to select the appropriate option.
3. Where you must enter text or numbers, you may place the text cursor in the underlined field by placing your mouse cursor over the field and clicking the left mouse button once. You may then advance forward from field to field by pressing the "Tab" button on your keyboard. You may advance backward by holding down the "Shift" button while you press the "Tab" button.
4. After entering text into the last field in the form, be sure to click the form anywhere outside of a text entry field (near one of the margins, for example). You must do this to ensure that your final entry is finalized in the field; otherwise, it will not print.
5. When you have completed filling out the intake form, describing your situation, and completing the agreement, print the entire document (you may discard this page), sign where necessary, and submit the form according to the instructions at the bottom of the first page.

PLEASE NOTE: You must complete this application in its entirety, including the personal and financial information on Page 1, the narrative on Page 2, and the Agreement on Page 4. The completed Pages 1, 2, and 4 must be returned to Legal Aid either by mail or email. If any portion of your application is left blank, it will not be evaluated.

BEGIN FILLING OUT THE LEGAL AID OF EAST CENTRAL INDIANA INTAKE FORM.

Legal Aid of East Central Indiana

Do Not Fill in Shaded Areas

DATE:	BY:	FILE #:	PROBLEM:
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NAME: <i>First, Middle <u>and</u> Last</i>			
ANY PRIOR NAMES:			
ADDRESS:		EMAIL:	
CITY/ST/ZIP:		PHONE:	
HOW DID YOU HEAR ABOUT LEGAL AID OF EAST CENTRAL INDIANA?		HOW LONG IN INDIANA?	
		HOW LONG IN COUNTY?	
HAVE YOU CALLED BEFORE?	Yes	No	WHY?

ETHNICITY:	GENDER:	MARITAL STATUS:	HOW LONG?
DOB:	CITIZEN?	Yes	No
ARE YOU PREGNANT?	Yes	No	SSN:
	DISABILITY?	Yes	No
CAN YOU READ AND WRITE?	Yes	No	WHAT?
	DO YOU HAVE A PENDING CRIMINAL MATTER?	Yes	No
			← If "Yes" please explain on page 2.

CASE INFORMATION

COUNTY OF CASE:	CASE FILED BY:	CAUSE/CASE #:
OPPOSING PARTY:	RELATIONSHIP TO YOU:	HOW MANY CHILDREN IN THIS RELATIONSHIP?
ADDRESS:	CITY/ST/ZIP:	
OPPOSING ATTORNEY:		AGES:

FULL DISCLOSURE IS NECESSARY		We reserve the right to ask for proof of income		
WEEKLY GROSS INCOME: In dollars and cents, list the amount of your pre-tax WEEKLY gross income that comes from the following types of income sources. If you are married, your weekly gross income includes your spouse's income. If you get paid hourly at work and do not work the same number of hours each week, figure an average weekly salary based on the number of hours you would work in a three month period.	Work:	\$	Social Security Income:	\$
	Child Support:	\$	Social Security Disability:	\$
	Food Stamps:	\$	Supplemental Security Income:	\$
		\$	Temporary Assistance:	\$
	TOTAL WEEKLY GROSS INCOME: This amount is automatically calculated based on the amounts entered above.			
HOW MANY PEOPLE DO YOU SUPPORT?		AGES OF CHILDREN IN HOUSEHOLD:		
WHO LIVES IN HOUSEHOLD?				

ASSETS:	CASH:	SAVINGS:	AUTO 1:	AUTO 2:
	PENSION:	HOUSE:	OTHER REALTY:	OTHER:

DO YOU PAY ANY CHILD SUPPORT?	Yes	No	AMOUNT?	ARREARAGE?
HAVE YOU BEEN IN COURT FOR THIS MATTER?	Yes	No	WHEN?	
CAUSE #:	WERE POLICE EVER CALLED?		Yes	No

You must complete this Application in its entirety, including the personal & financial information on Page 1, Narrative on Page 2, & the Agreement on Page 4. The completed Pages 1, 2, & 4 must be returned to the Legal Aid office either by mail or email.

IF ANY PORTION OF YOUR APPLICATION IS LEFT BLANK, IT WILL NOT BE EVALUATED.

MAIL/EMAIL THIS DOCUMENT AND THE SIGNED AGREEMENT TO:
Legal Aid of East Central Indiana
134 S 5th St
Richmond, IN 47374
Email: DISTRICTF@outlook.com
Phone 765-593-1760

Legal Aid of East Central Indiana

TELL US EVERYTHING ABOUT THIS SITUATION IN THE SPACE PROVIDED BELOW:

For Example: Why do you think you need an attorney?

USE ADDITIONAL SHEET IF NECESSARY

Re: Legal Assistance

Dear Applicant,

Legal Aid of East Central Indiana offers legal assistance on a pro bono (free of attorney fee/at modest means rate) basis, providing that we accept your case and an attorney is available for your type of case. This attorney will evaluate your legal problem and determine whether or not she or he can assist you.

***Legal Aid of East
Central Indiana***

134 S 5th St
Richmond, IN 47374
C/O: Morgan
Mayle/Amy Moore
Phone: 765-593-1760
Email:
districtf@outlook.com

Guidelines require that our office **cannot** make the referral until you have signed the enclosed Legal Aid of East Central Indiana Pro Bono Retainer Agreement and provided all requested documentation. **Make sure that you sign the Declaration of Citizenship in addition to the other authorization.**

Read the Agreement carefully. Sign and date in the appropriate spaces, and return it to our office in the enclosed self-addressed envelope.

Considerations before signing:

- **Be prepared to follow through with and contact the pro bono attorney to schedule a consultation as soon as possible.** Accepting the referral and not promptly taking steps as required by the attorney will adversely affect the program for future applicants.
- **Do not agree to this referral unless you seriously expect to pursue your legal issue.**
- **The referral is for this matter only, and the attorney is under no obligation to represent you in any further proceedings that might develop after your case is closed.**

Return the two-page application and the signed agreement to our office for evaluation and possible referral. Should you have any questions, please feel free to call the office at 765-593-1760. Thank you for your cooperation.

Sincerely,

Legal Aid of East Central Indiana, Administrator

Enclosure

P.S. PLEASE NOTE THAT OUR OFFICE HAS NOT AGREED TO ACCEPT YOU AS A CLIENT. AFTER WE RECEIVE THE ENCLOSED SIGNED AGREEMENT, WE WILL ATTEMPT TO REFER YOU TO A PRO BONO ATTORNEY. IF A REFERRAL IS MADE, THE DECISION TO ACCEPT YOU AS A CLIENT IS SOLELY DETERMINED BY THE PARTICIPATING ATTORNEY. THEREFORE, IF YOU HAVE A COURT HEARING OR A DEADLINE TO MEET FOR YOUR LEGAL MATTER, YOU SHOULD MAKE EVERY ATTEMPT TO OBTAIN PRIVATE COUNSEL OF YOUR OWN CHOOSING.

LEGAL AID OF EAST CENTRAL INDIANA RETAINER AGREEMENT

***Legal Aid of East
Central Indiana***

134 S 5th St

Richmond, IN 47374

C/O: Morgan
Mayle/Amy Moore

Phone: 765-593-1760

Email:
districtf@outlook.com

I, _____, have requested referral to a private attorney through Legal Aid of East Central Indiana pro bono program for representation in the following matter:

I understand that the pro bono attorney will review and evaluate my case and determine whether or not to accept me as a client. I further understand that Legal Aid of East Central Indiana is responsible for the referral only and has absolutely no authority over the pro bono attorney's decision to accept or decline legal assistance. The nature of the services to be provided will be determined by the pro bono attorney on an ongoing basis.

I may terminate this agreement at any time. I understand that I have the responsibility to inform Legal Aid of East Central Indiana of any change in my household, income, and resources. I understand and agree that if I become financially ineligible for representation by Legal Aid of East Central Indiana, they may terminate this agreement. Additionally, if I become ineligible for services for any reason specified in federal law or federal regulation, Legal Aid of East Central Indiana may have to withdraw the referral made to the pro bono attorney.

DATE: _____

CLIENT SIGNATURE

CLIENT AUTHORIZATION AND RELEASE

I, _____, authorize Legal Aid of East Central Indiana, to release records and information pertaining to my case to the pro bono attorney(s).

DATE: _____

CLIENT SIGNATURE

DECLARATION OF CITIZENSHIP

I hereby declare that I am a citizen of the United States.

DATE: _____

CLIENT SIGNATURE