

APPLICATION INFORMATION

Alaska Legal Services Corporation is a private, non-profit organization that provides free legal services to those eligible. This screening application is our way to complete the following three steps:

- 1. We must first check to be sure we do not have a conflict of interest due to our prior or current representation of someone connected with your case.** To do this we need the correct spelling of both your name and the adverse party's name.

If a conflict of interest exists, ALSC will not be able to assist you. We will inform you as soon as possible that we cannot provide any legal advice or representation. Since ALSC cannot help, we will try to refer you to another agency or organization for assistance.

- 2. We then must check to be sure that you are financially eligible for our services.**

A preliminary determination about your financial eligibility for our services is made according to income and asset information on the application, subject to a more thorough evaluation later. Our financial eligibility guidelines are based on federal poverty guidelines and are available upon request.

- 3. Finally, we must screen your case to see if your situation meets the priorities of our office.**

ALSC has limited resources, and so we must prioritize which cases we take. Our case acceptance decisions are guided by priorities established by the local office and approved by our governing board. A copy of our priorities and case acceptance policy is available upon request.

PLEASE NOTE AT THIS TIME OUR OFFICE IS NOT REPRESENTING YOU AND THE INFORMATION YOU PROVIDE IN THIS APPLICATION SHOULD NOT BE CONSIDERED PRIVILEGED AND IN NO WAY CREATES AN ATTORNEY CLIENT RELATIONSHIP BETWEEN YOU AND ALASKA LEGAL SERVICES CORPORATION

We will make every attempt to let you know whether we can accept your case within **two weeks** of receiving your application. Please let us know if you have an emergency situation, and we will try to address your application on an expedited basis. *If you are applying for legal assistance with an ongoing court case, please be sure to include copies of all court documents with your application.*

Return completed application by mail, email attachment, fax or in person to:

Alaska Legal Services
PO Box 248
460 Ridgecrest Drive, Suite 213
Bethel, AK 99559

Email: bethel@alsc-law.org
Fax: 907-543-5537

ALSC APPLICATION FORM

Name: _____ Email: _____

Other names by which you have been known, including maiden name: _____

Marital Status: _____ Date of Birth: _____ Gender: _____ Ethnicity: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____ Message: _____

Spouse/Partner's name: _____

Number of adults in household: count only yourself, your spouse, and/or unmarried partner _____

(do NOT count other adults, like parents, adult children, or roommates)

Number of children under 18: count only children for whom you are legally responsible _____

Income: list gross income for **all of the above** household members:

Source	Amt	per	time period
ATAP or TANF		per	_____
Adult Public Assistance		per	_____
Wages/Earnings		per	_____
PFD		per	_____
Alimony/Child Support		per	_____
Retirement/pension		per	_____
Senior cash benefit		per	_____
Social Security		per	_____
SSI		per	_____
Unemployment		per	_____
VA		per	_____
Worker's comp		per	_____
Other		per	_____
		per	_____
Do you have a Medicaid trust?	yes	no	

Household Members counted above (other than yourself):

Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____

Expenses Other than credit card debt:

Item	Amt	per	time period
Rent/Mortgage		per	_____
Child care		per	_____
Child support		per	_____
Medical		per	_____
Empl. Expenses		per	_____
Other		per	_____

Total Income from all sources for the past 12 months or last calendar year: _____

Do you expect your income to change (check one)? _____ no _____ yes

If yes, explain: _____

Assets:	<u>value</u>	<u>amt. owed</u>	Asset	<u>value</u>	<u>amt. owed</u>
Checking:			RV, ATV, snowmachine, boat, skiff:		
Savings:			land/house <u>other</u> than primary residence:		
Car:			Other:		

Type of case or legal question: _____

Have you had contact with another attorney? _____ yes _____ no

Opposing party's name: _____ DOB if known _____

Opposing party's address: _____

Other names by which opposing party is known: _____

This information is accurate to the best of my knowledge:

Signature

(Sign this box only if you are a U.S. citizen)

I am a citizen of the United States: _____

Signature

Date

Casehandler use:

Applicant is > 125%, but:
 ___ seeks help to maintain low-income benefits; or
 ___ ED finds applicant has income primarily committed to medical/NH expenses which if excluded makes applicant eligible; or
 ___ suitable OI funding; or
 ___ is < 200% and ___ seeks assistance to obtain/maintain low inc. gov. benefits; or
 ___ is eligible based on 1611.5(a)(4) factors as specified in Notes.

(Initials)

Your answers to these questions **will not** affect your eligibility. This information is gathered for data collection and service purposes only.

Veteran/Military Status:

Have you ever served in the military, including the Reserves or National Guard? _____
Are you Active Duty military? _____ Are any other household members veterans? _____

Domestic Violence:

Have you experienced domestic violence? _____ Is DV involved in this case? _____
What is a safe number and address where you can be contacted?

Crime Victim:

Have you ever been a victim of a crime other than DV? _____

Disability:

Please list any physical or mental disabilities _____

Do you need any kind of accommodations (special help) because of your disability, and if so, please let us know what you need. _____

Caregiver Information:

Do you provide unpaid care for a disabled adult family member or a grandchild? _____

Does someone provide unpaid care for you? _____

If yes to either, please provide the following for that person:

Name	Relationship	Date of Birth
_____	_____	_____

Housing/Other:

Type of housing: _____

Currently homeless? _____ At risk for homelessness? _____

If your physical address is different from your mailing address, please give it here:

Is your income used to pay rent or mortgage (wholly or in part)? _____

Employer name: _____

Primary language _____ Interpreter needed? _____

Are any members of the household a different ethnicity than the applicant? If yes, please specify

Name, phone number and address of someone who can get a message to you: _____

Who or what agency referred you to ALSC? _____

Legal Problem -- Briefly describe your legal problem:

