

Legal Aid Foundation of the Tallahassee Bar Association
Rules and Procedures for Retaining a Legal Aid Attorney:

The Legal Aid Foundation is a private, non-profit organization that serves the residents of Leon County who cannot afford legal representation. Please read the directions below before submitting your final application. These directions will help you gather what you need in order to qualify for legal representation and submit an application with our office. Our office **will not** accept partially completed applications; only when all the criteria listed below is met will we accept an application for review. The application is attached to this sheet.

1. Please do not leave anything on the application blank. If there are sections that do not apply to you, please mark them with "N/A" or "0." We will question any blanks that are left on the application.
2. You must complete the attached short financial affidavit so that we may determine if you are eligible for our services. If you are currently working, we **will not** accept an application without a copy of your 3 most current pay stubs **from all jobs** and a copy of last year's W-2.
3. If you are not working, but you are still receiving **any kind** of income or assistance (SSI, Child support, any support from family, Food stamps) the monthly allowance must be recorded on the application along with stubs or receipts.
4. **Failure to disclose anything (assets, income) that you are currently receiving will result in the immediate and automatic disqualification of your eligibility for our services.**
5. You may **only** apply for **ONE** civil issue at a time. If you have more than one issue, you will need to schedule more than one appointment.. **Repeat Clients** may not qualify for continued assistance if they've gone through Legal Aid more than two times in the previous years.
7. If we are unable to contact you, we will remove you from the waiting list.
8. At any point during the process, if you miss your appointment without notifying us ahead of time, you will be marked as a "no show" and **will not** be rescheduled. (Exceptions are medical emergencies or family emergencies, but you must notify us as soon as possible).
9. Please do not bring any children to your appointment with your attorney.
10. Remember, the attorney you are meeting with is volunteering his or her time for you as a free service.
11. Once you have met with your assigned attorney for the first time, **it will be your responsibility to stay in contact with the attorney. If your attorney cannot contact you, he/she will drop your case and you will not be reassigned to another attorney.**

Please sign stating that you have read and understand these rules and procedures:

Date: _____

****For Office Use Only****

Application Intake Date _____

Case #: 13-0018 _____

Notes:

Legal Aid Foundation of the Tallahassee Bar Association

PLEASE FILL IN ALL THE BLANKS

Name:

FIRST MI LAST

Address:

City, State, Zip Code:

Home Phone: _____ **Other Phone:** _____

Gender: MALE FEMALE **Age:** _____ **Birth Date:** _____ **Social Security #:** _____

Email

Address: _____

Spouse's Name:

Adverse Party (ex-spouse, child's father or mother):

How long have you lived in Leon County? _____

IS THIS A LEON COUNTY CASE? (Circle one) YES NO **Are You Disabled? (Circle one)** YES NO

Case Number (If already filed): _____ **Are You a Veteran? (Circle)** YES NO

Your Marital Status: (Circle one) SINGLE MARRIED DIVORCED WIDOWED SEPARATED

Race: BLACK WHITE HISPANIC NATIVE AMERICAN ASIAN OTHER: _____

Number of People in Household (including yourself):

ADULTS: _____ **# CHILDREN** _____ **# CHILDREN INVOLVED IN YOUR CASE:** _____

What Are You Here To See An Attorney About? _____

Have you used Legal Aid or Legal Services of North Florida before today? (Circle one)

If yes to above, what was the issue? _____

Can you be claimed on someone else's income taxes? (Circle one) YES NO

How did you hear about Legal Aid? (Circle one) FRIEND FAMILY BROCHURE/NEWSPAPER

THE FLORIDA BAR THE YELLOW PAGES THE TALKING PHONE BOOK

ATTORNEY'S OFFICE PREVIOUS CLIENT INTERNET OTHER: _____

I, {full legal name} _____, being sworn, certify that the following

information is true:

My Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly () other: ___

*Check here if UNEMPLOYED _____

PRESENT MONTHLY GROSS INCOME:

(All amounts must be MONTHLY for the ENTIRE household)

- 1. Monthly gross salary or wages (for the ENTIRE household) 1. _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Check here if attaching sheet itemizing such income and expenses.) 3. _____
- 4. Monthly disability benefits/SSI 4. _____
- 5. Monthly Workers' Compensation 5. _____
- 6. Monthly Unemployment Compensation 6. _____
- 7. Monthly pension, retirement, or annuity payments 7. _____
- 8. Monthly Social Security benefits 8. _____
- 9. Monthly alimony actually received 9. _____
 - 9a. From this case: \$ _____
 - 9b. From other case(s): \$ _____ Add 9a and 9b
- 10. Monthly interest and dividends 10. _____
- 11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Check here if attaching sheet itemizing such income and expense items.) 11. _____
- 12. Monthly income from royalties, trusts, or estates 12. _____
- 13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses 13. _____
- 14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- 15. TANF or Food Stamps (circle one) 15. _____
- 16. Monthly Child Support Received 16. _____
- 17. Any other income of a recurring nature (list source) ___ 17. _____

18. PRESENT TOTAL MONTHLY GROSS INCOME (Add lines 1-17)

TOTAL: 18. \$ _____

ASSETS:

Please list any assets that you may have below:

Checking \$ _____
Savings \$ _____
Any Vehicles (year, make, model) _____

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Available Cash	\$ _____
 Unemployment	 \$ _____
Worker's Comp.	\$ _____

Retirement/ Pension	\$ _____
Real Estate	\$ _____
	\$ _____

Any other source of income/assets not previously listed: _____

AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD EXPENSES:

<u>Mortgage</u> or <u>Rent</u>	\$ _____
(Circle one)	
Property taxes	\$ _____
Utilities	\$ _____
 Telephone	 \$ _____
Food	\$ _____
Maintenance/Repairs	\$ _____

B. AUTOMOBILE EXPENSES:

Gasoline	\$ _____
Repairs	\$ _____
Insurance	\$ _____

C. CHILD(REN)'S EXPENSES:

Day care	\$ _____
Lunch money	\$ _____
Clothing	\$ _____
Child Support Payments	\$ _____

D. OTHER EXPENSES NOT LISTED ABOVE:

Clothing	\$ _____
Medical/Dental (uninsured)	\$ _____
Grooming	\$ _____
Entertainment	\$ _____
Gifts	\$ _____
Religious organizations	\$ _____
Miscellaneous	\$ _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Printed Name

Please return your application to:

Legal Aid Foundation
Leon County Courthouse
301 S. Monroe Street, #108
Tallahassee, FL 32301
850/222-3292 ext. 2 phone

Your application will not be processed until you call to confirm receipt.