



SOUTH ALABAMA
VOLUNTEER
LAWYERS PROGRAM

Application for Legal Assistance

Return return completed application via fax (251-438-1982),
Email (info@savlp.org), US mail (118 North Royal St., Suite 402,
Mobile, Alabama 36602)

VOLUNTEER GUARDIAN MATTERS

Full name of guardian or person requesting to be guardian _____

FIRST MIDDLE LAST SUFFIX

Gender _____ Street address _____

City _____ County _____ State _____ Zip Code _____

Is this a safe address to send mail? ☐ Yes ☐ No

Cell phone # _____ May we leave a message at this number? ☐ Yes ☐ No

Home phone # _____ May we leave a message at this number? ☐ Yes ☐ No

Personal Information for Ward/Prospective Ward

Full Name of Ward/Prospective Ward _____ Gender: _____
FIRST MIDDLE LAST SUFFIX

Other Names Ward/Prospective Ward has used (circle maiden name) _____

SS # X X X - X X - _____ Birth Date _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Marital Status: ☐ Single ☐ Separated ☐ Married ☐ Common-Law Married ☐ Divorced ☐ Widowed

United States Citizen? ☐ Yes ☐ No If no, is Ward a legal (registered) non-citizen? ☐ Yes ☐ No

Is Ward or any other person that lives in the household a Veteran? ☐ Yes ☐ No

Race/Ethnicity: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other
Pacific Islander ☐ White ☐ American Indian or Alaskan Native abd White ☐ Asian and White ☐ Black or African
American and White ☐ American Indian or Alaskan Native and Black or African American ☐ Hispanic
☐ Other multiple races ☐ Unknown

General Household Info for Ward/Prospective Ward

How did you hear about this program? please check all that apply

☐ Lawyer ☐ Prior Use ☐ Internet ☐ Court/Government Office ☐ United Way 211 ☐ Media
☐ Family/Friend ☐ Legal Services ☐ Social Service Organization ☐ FaceBook/Twitter ☐ Other _____

Was the Ward affected in any way by Hurricane Sally (Sept 18, 2020)? ☐ Yes ☐ No

Circle all that apply: Loss of power and/or food; Time lost from work; missed appointments; personal property damage,
real property damage, other

How many people live in the Ward's household? _____

Does any member of the Ward's household receive any of these benefits? ☐ Yes ☐ No

If yes, check all that apply and list dollar amount ☐ Utility Check \$ _____ ☐ TANF \$ _____ ☐ Food Stamps \$ _____

If Ward receives food stamps, how many people does food stamps count as part of the household? _____

When was Ward's last review with a food stamp case worker? _____

Living Arrangements - please check all that apply

☐ Own/buying house ☐ Rented house ☐ Apartment ☐ Hotel/Motel ☐ Shelter
☐ Own/buying mobile home/RV ☐ HUD/Public Housing ☐ Rented Room ☐ Nursing Home ☐ With friends
☐ Rented mobile home/RV ☐ Section 8 voucher ☐ Military Base ☐ Rehab Facility ☐ With relatives

If Ward lives with friends or relatives, how long as s/he been living with friends or relatives _____ months _____ years

If Ward rents, is rent amount based on income? ☐ Yes ☐ No

General Household Info (continued)

List all persons living in the Ward's household & list all gross income amounts for everyone in the household

Examples of types of Income: Alimony; Annuity; Asbestos; Cash from family and friends; Child Support; Disability (short or long term); Pension or Retirement; Employment; Military Reserves, Self-Employment; Social Security; SS Disability; SSI; SS Survivor's Benefit; TANF; Tips; Trust; Interest; Dividends; Unemployment (*list weekly amount*); Veteran's Benefits; Worker's Comp, Student Financial Aid

<u>Name</u>	<u>Relationship</u> <u>(Ward)</u>	<u>Age</u>	<u>Type of Income</u>	<u>List Monthly Income or circle 0</u>
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0
_____	_____	_____	_____	\$ _____ or 0

If more than 5 persons in household, list all of the same info for others on back of page or on a separate sheet.

Does anyone in the household receive child support payments for current child support or back child support? ☐ Yes ☐ No

If yes, amount per month _____

Is any household member, expecting an increase of income in the near future? ☐ Yes ☐ No

If yes, list type (ex: lawsuit, settlement, withdrawal of 401K, new job, pending SS claim) and estimated dollar amount of the income: _____

Household Expense Info (include information for all members of household)

Only list monthly expenses that are being paid - Don't list home insurance or property tax if cost included in mortgage note

<input type="checkbox"/> Rent/Mortgage \$ _____	<input type="checkbox"/> Lot rent/Land note \$ _____	<input type="checkbox"/> Car insurance \$ _____	<input type="checkbox"/> Garnishment \$ _____
<input type="checkbox"/> Health insurance \$ _____	<input type="checkbox"/> Dr. bills/Medicines \$ _____	<input type="checkbox"/> Child support \$ _____	<input type="checkbox"/> Bankruptcy \$ _____
<input type="checkbox"/> Home insurance \$ _____	<input type="checkbox"/> Back taxes (state/irs) \$ _____	<input type="checkbox"/> Car note \$ _____	<input type="checkbox"/> Student loan \$ _____
<input type="checkbox"/> Payday/Title Loan \$ _____	<input type="checkbox"/> Property tax \$ _____	<input type="checkbox"/> Alimony \$ _____	<input type="checkbox"/> Other _____

If you checked other, list the type of expense(s) here: _____

Does anyone in the household have high medical bills (usually from a hospital stay or treatment)? ☐ Yes ☐ No

If yes, name who all is owed? _____

How much is owed (total of all medical bills)? \$ _____ Total amount of all payments on medical bills each month? \$ _____

List any monthly expenses or payments (bill and amount of bill) that the household cannot pay at this time. _____

Household Asset Information for Ward/Prospective Ward

(include information for all members of household)

If there is **NO** vehicle owned or being purchased by any household member, check here ☐

If you or any household member are buying, or own, any vehicle fill in the following: (estimate value if needed)

Year _____	Make _____	Model _____	\$ _____	Balance owed \$ _____	Value of vehicle _____
Year _____	Make _____	Model _____	\$ _____	Balance owed \$ _____	Value of vehicle _____
Year _____	Make _____	Model _____	\$ _____	Balance owed \$ _____	Value of vehicle _____

If more than 3 vehicles in household, list the same information for each vehicle on back of this page or on a separate sheet

Does any household member have any cash on hand? ☐ Yes ☐ No If yes, how much \$ _____

Does any household member have a checking account? ☐ Yes ☐ No Current balance \$ _____

Does any household member have a savings account? ☐ Yes ☐ No Current balance \$ _____

Does any household member own any land/property other than the home where he or she lives? ☐ Yes ☐ No

If yes, list address and value _____

Does any household member own any personal property or investments worth more than \$3,000? ☐ Yes ☐ No

Include information about any stocks, bonds, certificates of deposit, boats, recreational vehicles, etc.

If yes, list item(s), value, and owner _____

If more accounts, property, or possessions: list same information for other assets on back of this page or on a separate sheet

Job Info for Ward/Prospective Ward

Number of persons employed in household _____ Number of persons self-employed in household _____

Household member _____ Job title/position _____ How long employed ____ ☐ months ☐ years
Name of employer _____ Hourly wage _____ How many hours worked each week _____

Household member _____ Job title/position _____ How long employed ____ ☐ months ☐ years
Name of employer _____ Hourly wage _____ How many hours worked each week _____

If more than 2 persons in household employed, list the same info on the 2 lines above for any other(s) on back of this page or on a separate sheet

Self-employed person _____ What type of work is done? _____
How long self-employed ____ ☐ months ☐ years Average monthly income \$ _____
Amount of self employment income claimed on last tax return: Gross \$ _____ Net \$ _____ For what tax year _____

If more than 1 person in household is self-employed, list the same info on the 3 lines above for any other on back of this page or on a separate sheet

Job related expenses

☐ Child care \$ _____ ☐ Week ☐ Month ☐ Uniforms \$ _____ ☐ Week ☐ Month
☐ Payroll tax \$ _____ ☐ Week ☐ Month ☐ Other \$ _____ & list details of cost: _____
☐ Travel Miles to get to work _____ ☐ Day ☐ Week ☐ Month How many days a week do you work _____

Legal Case Info for Ward/Prospective Ward

What kind of legal problem or issue do you want help with? _____
(example: being sued, car repair, divorce, estate, landlord/tenant, name change, will, etc...)

Adverse Party (Name of the person or company with whom you are having a problem) _____

OR

Other Party (Name of person who must agree and / or sign papers) _____

What do you hope a lawyer can help you accomplish? _____

If there is a deadline for your request? ☐ Yes ☐ No

If yes, list the deadline date and reason for deadline _____

Have you already talked to a lawyer and gotten advice about your problem or request? ☐ Yes ☐ No

If yes, list the name of the lawyer's name and what the lawyer told you _____

Have you ever hired a lawyer about this problem or request? ☐ Yes ☐ No

Have you received any Court papers? ☐ Yes ☐ No

If yes, what date did you receive the Court papers? _____

Have you responded and filed an Answer? ☐ Yes ☐ No

If no, what is the deadline for filing your Answer? _____

Is there a Court date set for this case? ☐ Yes ☐ No

If yes, what is the Court date? _____

What County is the case in? ☐ Baldwin ☐ Clarke ☐ Mobile ☐ Washington

Other Legal Information

Does any household member have other current legal matter(s) and legal representation for the matter(s)? ☐ Yes ☐ No

If yes, list the type of case(s) and the name(s) of the lawyer(s) _____

To the best of my knowledge, all of the information provided in this application is truthful and accurate.

Volunteer Guardian Signature

Date

South Alabama Volunteer Lawyers Program

REFERRAL AUTHORIZATION & INFORMATION RELEASE

I, _____, hereby authorize the South Alabama Volunteer Lawyers Program (hereinafter the VLP) to refer my legal matter to a volunteer private lawyer. By signing this agreement I agree that I understand the following:

1. **VLP cannot guarantee me representation in this matter.** I do not currently have a lawyer. VLP is not required to provide me a lawyer and can only try to find a volunteer lawyer for me to talk to about my legal matter. The volunteer lawyer will decide whether or not s/he will represent me in this matter after meeting with me.
2. **CONTACT LAWYER:** As soon as I am notified by VLP that a referral has been made, I am responsible for contacting the volunteer private lawyer to arrange an appointment with him/her. I am responsible for staying in touch with my lawyer; failure to do so may lead to my case being closed.
3. **FEES:** If the volunteer lawyer agrees to represent me, the volunteer lawyer will do so without charge for his/her services. **I am responsible for paying all fees and expenses (such as court costs and publication expenses) associated with my case.**
4. **DOCUMENTS:** The VLP will keep my original client file and documents for a period of six (6) years after the case is closed. At that point, my file may be scanned or converted into electronic format and then destroyed. VLP cannot accept original documents; we may make copies in limited circumstances. Any original documents may be given to my volunteer lawyer once he/she have accepted my case.
5. **MY INFORMATION TO OTHERS:** VLP respects me and my right to privacy. In order to help me, VLP will release records and information about me and my legal matter to volunteer lawyers to whom they are referring my case. VLP will release certain information to Legal Services Alabama, Legal Services Corporation, and other grant funders to comply with monitoring requirements. This information will be used only for case and grant reporting purposes and will not be released for any other purpose.
 - a. I authorize other agencies to release to the VLP any information needed in connection with my legal representation.
 - b. The private lawyer who represents me through the VLP will release records and information about me and my case to VLP.
6. **Lawyer / client relationships are built on shared trust and confidence.** If I do not give the lawyer all of the information needed to help with my legal matter, or misinform VLP or my lawyer about my legal matter, my case will be closed. If I am unable to reach my lawyer or I have a grievance I may contact VLP by calling 251-438-1102 and leaving a voicemail. If I do not immediately tell VLP and the lawyer of any change in my legal matter, address, telephone number, or any new income in my household my case will be closed.

This agreement is limited to the matter about which I contacted VLP. **Any new legal matters must be discussed with the VLP (251-438-1102).**

I have read, understood, and agree to the terms of this agreement

Volunteer Guardian Signature

Date

CERTIFICATION OF CITIZENSHIP

By signing below, I certify that I am a citizen of the United States.

Volunteer Guardian Signature

Date

REFERRAL AUTHORIZATION & INFORMATION RELEASE

I, _____, hereby authorize the South Alabama Volunteer Lawyers Program (hereinafter the VLP) to refer my legal matter to a volunteer private lawyer. By signing this agreement I agree that I understand the following:

1. **VLP cannot guarantee me representation in this matter.** I do not currently have a lawyer. VLP is not required to provide me a lawyer and can only try to find a volunteer lawyer for me to talk to about my legal matter. The volunteer lawyer will decide whether or not s/he will represent me in this matter after meeting with me.
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I have read, understood, and agree to the terms of this agreement

Volunteer Guardian Signature

Date

CERTIFICATION OF CITIZENSHIP

By signing below, I certify that I am a citizen of the United States.

Volunteer Guardian Signature

Date

Revised 12.5.2019

KEEP THIS COPY FOR YOUR RECORDS