

Mobile Bar Association Volunteer Lawyers Program

Office Hours: M-F: 8:30AM to 5:00 PM

Application for Assistance

Directions: PLEASE PRINT. Fill in ALL blanks or circle the answer. You may bring, mail or fax your application back to 107 St. Francis St., Ste 1806 Mobile, Alabama 36602 FAX: (251) 438-1982.
(USE ANOTHER SHEET FOR ANY ADDITIONAL INFORMATION)

Date: _____ Type of Assistance: _____

Full Name: _____ Sex: Female Male
FIRST MIDDLE LAST

Mailing address: _____
_____, AL _____ County: Mobile
Zip Code

Phone: (home) _____ (work) _____ (cell) _____

E-mail address: _____ SS #: _ _ - _ - _ - _

Friend, relative or neighbor who would take a message: Name: _____
Phone No.: _____

Marital Status: (circle one) Single Married Separated Divorced Widowed
Spouse's name _____

United States Citizen? Yes No Birth Date: _____ 19__ Age: _____

If not a citizen, are you a legal (registered) alien? Yes No

Race: (circle one) Asian-Pacific Islander / Black / Hispanic / Native American / White / Other

How did you find out about our Program? _____

Housing: (circle one) Apt. / Camper / Condo / Home: Rented or Owned / Nursing Home /
Homeless / Jail / Mobile Home: Rented or Owned / Living with Relatives / Rented Room / Shelter

Number of Adults in household (19 and older): _____

Number of Children in household (under 19): _____ Name / age of any child living in household:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Adverse/Other Party: _____ Telephone: _____

Address: _____

Number of Persons Employed in Household: _____ AND/OR self employed: _____

Who are they? (Circle all that apply) Client Spouse Adult Child Relative Other

Name of employer: _____ Hourly Wage: _____ # of Hrs./Wk _____

Job title / position: _____ How long employed: _____ mos/yrs

Name: _____

Report ALL income amounts and asset values for EVERYONE living in the household.

OTHER MONTHLY INCOME:	CLIENT:	SPOUSE:	OTHERS IN HOUSEHOLD:
Food Stamps	\$	\$	\$
ADC/TANF	\$	\$	\$
Alimony	\$	\$	\$
Black Lung/Asbestos	\$	\$	\$
Child Support (you receive)	\$	\$	\$
Disability	\$	\$	\$
General Assistance	\$	\$	\$
Pension/Retirement	\$	\$	\$
Social Security	\$	\$	\$
SSI	\$	\$	\$
Trust, Interests, Dividends	\$	\$	\$
Unemployment	\$	\$	\$
Veteran's Benefits	\$	\$	\$
Welfare	\$	\$	\$
Worker's Compensation	\$	\$	\$
Other: (Specify)	\$	\$	\$

ASSETS AND VALUES:

Are you buying or do you own a home? Yes ___ No ___ If yes, list value \$ _____

Do you own any other land/property? Yes ___ No ___ (If yes, give brief description(s) and value(s))
Number of Cars, Trucks owned: _____ Year _____ Make/Model _____ Value \$ _____ Year _____ Make/Model _____ Value \$ _____
Do you or any other household member have a Checking Account? Yes ___ No ___ Balance: \$ _____
Do you or any other household member have a Savings Account? Yes ___ No ___ Balance: \$ _____
Do you or any other household member own any possessions or personal property worth more than \$3,000? Yes ___ No ___ (If yes, give brief description(s) and value(s))

TOTAL OF ALL MONTHLY EXPENSES:	CLIENT:	SPOUSE:	OTHERS IN HOUSEHOLD:
Bankruptcy Payments	\$	\$	\$
Payroll Taxes	\$	\$	\$
Alimony / Child Support (you pay)	\$	\$	\$
Medical Bills you pay	\$	\$	\$
Car Payments	\$	\$	\$
Car Insurance	\$	\$	\$
Mortgage or Rent payments	\$	\$	\$
Homeowners Insurance	\$	\$	\$
Other(specify)	\$	\$	\$

TOTAL OF ALL MONTHLY WORK EXPENSES:	CLIENT:	SPOUSE:	OTHERS IN HOUSEHOLD:
Child Care Costs	\$	\$	\$
Job: (uniforms, training, equipment)	\$	\$	\$
Health Insurance Premiums	\$	\$	\$
Costs of Elderly Care: (Oxygen, equipment rental, day care)	\$	\$	\$

Miles you drive to and from work: _____ (daily, weekly)

Does anyone in the household have extraordinary medical costs? Yes _____ No _____

If yes, how much is owed? \$ _____ Amount of monthly payments? _____

Does anyone in the household owe back taxes? Yes _____ No _____

If yes, how much is owed? \$ _____ Amount of monthly payments? _____

Brief Description of Need/Comments: _____

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

Signature

Date

Mobile Bar Association Volunteer Lawyers Program

RETAINER AGREEMENT & CERTIFICATION OF CITIZENSHIP

This is a contract. The Mobile Bar Association Volunteer Lawyers Program is called “VLP” in this contract.

You agree to have a VLP lawyer represent you and do whatever is necessary, including filing a lawsuit, in connection with this case. You are responsible for any out-of-pocket costs – for example, filing fees or other costs related to your case. The legal services provided to you are free. VLP does not promise you will win the case.

You authorize VLP to share information regarding your case with the VLP lawyer assigned to your case. If your case is referred from or to another volunteer lawyers program or legal services programs, you authorize VLP to share information about your case with that organization. You also authorize other agencies to release to VLP any information needed in connection with your legal representation.

You agree to provide the lawyer with all of the information necessary to the case and to immediately tell VLP and the lawyer of any change in your case, address, telephone number, or financial status.

These legal services are limited to the matter you contacted VLP about. **Any new legal matters must be discussed with the VLP (438-1102).**

Your Signature

Date

I further certify that I am a citizen of the United States.

Your Signature

Date

Your Name: _____

Case Number: _____

Revised 7/24/09

