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 is prohibited by federal regulations from providing assistance for some types of cases. In addition, we have limited resources, and so we must prioritize which cases we take. Priorities are established by the local office and approved by our governing board. A copy of our priorities 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
8711 Teal St., Unit 203
Juneau, AK 99801
Phone: (907)586-6425
Fax: (907)586-2449
Email: *juneau@alsc-law.org*

ALSC APPLICATION FOR SERVICES

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: _____ DOB: _____

Number of adults in household: count only yourself, your spouse, 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 _____

Name and DOB for Children counted above:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Opposing party's name:_____

Opposing Party's DOB if known: _____

Opposing Party's address: _____

_____

Opposing Party's phone if known: _____

Other names by which Opposing Party is Known:_____

_____

Income: If your household has **no income** and no one receives a PFD, initial here_____

If you have any income, including the PFD, list the 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

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	
		per	

Do you expect your income to change (check one)?

Yes ____ no _____

If yes, explain: _____

_____

_____

Assets: Do you or any household members have any of the following assets?

	No	yes	Value/Equity	Amt. Owed
Checking/Saving Accounts				
Other cash not in an account				
Vehicles Used for Transportation			(not needed)	(not needed)
Other Vehicles				
Land/house: Indicate if __primary residence, __native allotment or ___other restricted property. If other than these, provide value/amount owed				
Personal property or other asset not listed above				

If your household has NO assets, initial here _____

Sign this box only if you are a US citizen:

I am a citizen of the United States: _____

Signature Date

*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 domestic violence 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 domestic violence? _____

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 are raising 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)? _____

Primary language_____ Interpreter needed?_____

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

Who or what agency referred you to ALSC? _____

Legal Problem -- Briefly describe your legal problem:

_____

_____

_____

_____

_____

The information provided is accurate to the best of my knowledge:_____

Signature/Date