

APPLICATION FOR LEGAL ASSISTANCE

DATE _____

RECEIVED _____

SHREVEPORT BAR FOUNDATION PRO BONO PROJECT

(for office use only)

Please write N/A for any questions that do not apply to you. Mail your completed application, copy of income verification, and a copy of your driver's license or state photo ID **within 14 days** to SBF Pro Bono Project, 625 Texas St., Suite 100, Shreveport, LA 71101.

Incomplete applications, or applications returned without copies of proof of income and ID, cannot be processed.

Last Name		First	Middle/Maiden	Social Sec. #
Address				Date of Birth
City	State	Zip Code	Gender	
Email			US Citizen or Qualifying Alien	
Parish			Race & Ethnicity	
Home Telephone/ Day			Primary Language	
Work Telephone			Marital Status	
Alt Telephone			Reference Source (Who referred you to us?)	

Employment: Full Time Part Time Unemployed Retired Disabled (unable to work)

Employer / Where Do You Work? _____ Position _____

Have you ever been convicted of a felony? NO YES

If you *have* been convicted of a felony, what were the charges? _____

PEOPLE IN HOUSEHOLD and FINANCIAL STATUS

PEOPLE WHO LIVE WITH YOU *(if more than 5 people, please list on back of page)*

Please list NAME, AGE, RELATIONSHIP, and all GROSS MONTHLY INCOME (before taxes) for each household member – whether or not they are related to you.

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

YOUR MONTHLY INCOME *please provide gross (before tax)*

Earned Wages: \$	SSI: \$	Retirement: \$
Alimony: \$	Child Support: \$	Unemployment: \$
Veterans Benefits: \$	Food Stamps: \$	FITAP: \$
KCSP: \$	CCAP: \$	OTHER: \$

TOTAL MONTHLY INCOME from all sources and all people in household: \$ _____

VALUE OF ASSETS YOU OWN

House: current value: \$	Savings: \$	Investments: \$
Rental Unit(s): \$	Other: _____ \$	Other: _____ \$
Car: current value: \$	Make/Model:	Car Model Year:

YOUR MONTHLY EXPENSES

Mortgage or Rent: \$ Rent/ Private Rent/ Section 8 Rent/ Public (please circle one)	Car Payment: \$	Gas/Transportation: \$
Utilities: \$	Food: \$	Childcare: \$
Medical: \$	Other: _____ \$	Other: _____ \$

LEGAL MATTER

FAMILY LAW:

Divorce Custody-Uncontested Paternity

Visitation (*we accept only cases in which the parent seeking visitation is paying court ordered child support, and that cannot be handled by the Louisiana Access & Visitation Assistance Program*)

Adoption Guardianship Emancipation Battered Spouse / Domestic Violence / Protective Order

ADMINISTRATIVE: Veteran's Benefits Unemployment Compensation Personal Bankruptcy

WILLS & SUCCESSIONS:

Will Living Will/Advanced Care Directives Tutorship/Guardianship Small Succession (no multiple heirs)

HOUSING: Landlord/Renter Issues (such as eviction)

Public Housing Issues Other Housing Issues: _____

OTHER: _____

BACKGROUND AND DETAILS ABOUT YOUR LEGAL MATTER

Has anything been filed with the court regarding this matter, by you or by the other person involved? NO YES

If YES, who is the other party? _____ Who is their attorney? _____

Have you been served with any type of legal papers? NO YES

If YES, is/was there a deadline for you to respond?

Have you spoken with any lawyers about this matter *before* contacting the Pro Bono Project? NO YES

If YES, who was the attorney(s) you spoke with? _____ Date you spoke with them. _____

What did the attorney(s) tell you, or what was the result of your consultation?

Explain (briefly) the details of your legal problem:

SHREVEPORT BAR FOUNDATION PRO BONO PROJECT
CLIENT RETAINER AGREEMENT

1. MY PRO BONO (VOLUNTEER) ATTORNEY WILL NOT CHARGE FOR THE TIME HE/SHE SPENDS WORKING ON MY CASE. HOWEVER, I AM RESPONSIBLE TO PAY MY ATTORNEY FOR PHOTOCOPIES, POSTAGE, LONG DISTANCE PHONE CHARGES, AND ALL OTHER COSTS THAT MAY BE INVOLVED IN WORKING ON MY CASE.

NOTE: *AFTER INITIAL CONSULTATION, IF THE PRO BONO ATTORNEY DECIDES THAT MY CASE IS NOT A PRO BONO (FREE) CASE, I AM NOT PROHIBITED FROM RETAINING (HIRING) THE ATTORNEY, BUT I AM NOT REQUIRED TO RETAIN HIM EITHER.*

2. I AM RESPONSIBLE TO PAY IN ADVANCE ALL COURT FEES THAT MAY BE REQUIRED IN MY CASE, INCLUDING FILING FEES, WITNESS FEES, DEPOSITION FEE AND ANY SIMILAR FEES THAT MAY BE REQUIRED TO ADVANCE MY CASE.

IF I CANNOT AFFORD TO PAY THE COURT'S FILING FEE IN ADVANCE, MY ATTORNEY MAY SUBMIT AN *IN FORMA PAUPERIS* APPLICATION TO THE COURT ON MY BEHALF, *ASKING THE COURT TO LET ME FILE MY CASE WITHOUT HAVING TO PAY THE FILING FEE IN ADVANCE.* I WILL NEED TO SUBMIT INCOME VERIFICATION FOR EVERYONE IN MY HOUSEHOLD TO MY ATTORNEY. THE JUDGE WILL DECIDE WHETHER OR NOT TO GRANT THAT REQUEST. I WILL STILL OWE THIS FEE TO THE COURT, AND IT WILL NEED TO BE PAID AT A LATER DATE. IF THE JUDGE DENIES MY REQUEST TO FILE WITHOUT PAYING FIRST, I UNDERSTAND THAT I WILL HAVE TO PAY THE FILING FEE BEFORE MY VOLUNTEER ATTORNEY CAN REPRESENT ME IN COURT.

3. FAILURE TO KEEP AN APPOINTMENT WITH AN ATTORNEY WILL JEOPARDIZE MY ABILITY TO RECEIVE FURTHER SERVICES FROM THE PRO BONO PROJECT. I UNDERSTAND THAT IT IS VERY IMPORTANT FOR ME TO KEEP ALL APPOINTMENTS WITH MY ATTORNEY.

4. I AGREE TO NOTIFY THE PRO BONO PROJECT AND MY ATTORNEY OF ANY CHANGES IN MY INCOME OR FINANCIAL SITUATION. I UNDERSTAND THAT IF I FAIL TO DO THIS, IT WILL JEOPARDIZE MY ABILITY TO RECEIVE SERVICES.

5. I UNDERSTAND THAT I MUST LIVE (OR HAVE AN ACTIVE CASE) IN CADDO OR BOSSIER PARISH AS LONG AS I AM RECEIVING SERVICES FROM THE PROJECT.

6. I AGREE TO *WAIVE THE CLIENT-ATTORNEY CONFIDENTIALITY PRIVILEGE* WITH ANY POTENTIAL SBF PRO BONO PROJECT VOLUNTEER ATTORNEY, LEGAL SERVICES OF NORTH LOUISIANA ATTORNEY, OR ANY LEGAL SERVICES CORPORATION ATTORNEY WHO HAS INTERVIEWED ME, AND I GIVE PERMISSION FOR THE ATTORNEYS TO DISCUSS ALL ISSUES RELATED TO MY CASE WITH SBF PRO BONO PROJECT STAFF.

BY SIGNING THIS CLIENT RETAINER AGREEMENT, I CERTIFY THAT:

I HAVE READ THE ABOVE AGREEMENT AND I UNDERSTAND WHAT IT MEANS. ALL INFORMATION I HAVE GIVEN IS TRUE AND ACCURATE INCLUDING INCOME DISCLOSED HERE AND DURING INITIAL TELEPHONE INTERVIEW WITH SBF PRO BONO INTAKE PERSONNEL.

CLIENT SIGNATURE

DATE

PRINT NAME