

Interpreter Needed? No Other (if applicable): N/A

### VAP FAMILY LAW TELECLINIC REGISTRATION FORM

Name:		DOB:
Aliases (AKA):		
Address:		
City:	State:	Zip Code:
Phone No.:	Can receive/send Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:		
Attended Clinic in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, for same issue? <input type="checkbox"/> Yes (DO NOT REGISTER) <input type="checkbox"/> No		

#### LEGAL ISSUE

<input type="checkbox"/> Divorce	<input type="checkbox"/> Without Minor Children	<input type="checkbox"/> With Minor Children (# of Children: )
<input type="checkbox"/> Post-Divorce	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Property Division
<input type="checkbox"/> Custody/Visitation	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	Is CYFD involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child Support	<input type="checkbox"/> Order Needed	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification
<input type="checkbox"/> Paternity	<input type="checkbox"/> Adoption	
<input type="checkbox"/> Kinship Guardianship	<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Other: _____		

DO YOU HAVE A DEADLINE OR TIME-SENSITIVE ISSUE?  Yes  No

Has a Case Been Filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Case #: _____)
	If yes, Client is the: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Unknown/Other
	Case Status: <input type="checkbox"/> Just Filed <input type="checkbox"/> In Mediation <input type="checkbox"/> Hearing Set <input type="checkbox"/> Order Entered
	Opposing Counsel (if any):
	Upcoming Events: <input type="checkbox"/> Court Date/Hearing <input type="checkbox"/> Mediation <input type="checkbox"/> Deadline <input type="checkbox"/> Other: _____ Date: _____ Time: _____

#### ADVERSE PARTIES

Name & Aliases/AKA (if any)	Relationship/Role in Case	DOB

#### CHILDREN INVOLVED

Name	DOB

#### MISCELLANEOUS NOTES

Registration Completed by: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Signed Assistant Statement Received:  Yes (Date Received: \_\_\_\_\_)  No (DO NOT PROCEED)

Reminder Call made on: \_\_\_\_\_.  Client Confirmed  Voicemail Left  No Answer/Could Not Reach

Assigned Attorney Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Clinic Date: \_\_\_\_\_

### **TELECLINIC DEMOGRAPHICS FORM**

Residence Type:  Apartment  Rental Home  Own Home  Condo  Shelter  Motel  Friend  
 Relative  Mobile Home  Homeless  Other: \_\_\_\_\_

# of people in household: Children \_\_\_\_\_ Adults \_\_\_\_\_  Disabled  Veteran in Household (Branch: \_\_\_\_\_)

### **STATISTICAL INFORMATION ABOUT YOU**

The information that you provide is used for statistical reports to gain funding. Answers to these questions will NOT affect the services you receive at today's clinic/legal fair.

**1) Gender:**

- Male  Female
- Non-Binary
- Other
- Prefer not to answer

**2) Race/Ethnicity:**

- White  Hispanic/Latino
- Black/African-American
- Native American/Alaska Native
- Asian or Pacific Islander
- Other  Multi-Racial
- Prefer not to answer

**3) Marital Status**

- Single
- Married
- Divorced
- Separated
- Widowed
- Domestic Partners

### **INCOME AND EXPENSES**

Your Total Monthly Income: \$ \_\_\_\_\_ Income Type:  Work  SSI  Disability  Pension  Other

Additional Monthly Household Income: \$ \_\_\_\_\_ Income Type: \_\_\_\_\_  N/A or None

**TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_ per month**

Estimated Monthly Expenses: Utilities: \$ \_\_\_\_\_/month Rent or Mortgage: \$ \_\_\_\_\_/month

Other ( \_\_\_\_\_ ): \$ \_\_\_\_\_/month  N/A or None

**Complete all blanks below. \$0 or N/A is acceptable if the asset has no value.**

Checking Acct. \$ \_\_\_\_\_ Savings Acct.: \$ \_\_\_\_\_ Personal Property: \$ \_\_\_\_\_

**Second/Non-Primary** House or Property: \$ \_\_\_\_\_ **Second/Non-Primary** Vehicle: \$ \_\_\_\_\_

**Total Value of Assets: \$ \_\_\_\_\_**

**\*\*\*FOR INTERNAL VAP USE ONLY\*\*\***

- Under 125%
- Between 125% - 200%
- Over 200%
- LSC Eligible
- LSC Non-Eligible

**CITIZENSHIP**

- I am a citizen of the United States
- I am a Lawful Permanent Resident of the United States.
- Prefer not to answer *(You do not need to sign or print your name to receive assistance. You will still receive assistance if you do not feel comfortable answering this question.)*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSISTANCE STATEMENT**

By signing here, I give permission for the information provided on this form to be shared with a volunteer attorney who will be advising me today. I agree and understand neither the volunteer attorney who will speak with me today nor the Volunteer Attorney Program are agreeing to be my legal representative. I understand the attorney will only provide me with brief legal information or advice and may assist me with reviewing or drafting documents during this clinic or legal fair only. If the attorney assists me in drafting any documents, I understand the attorney does not assume responsibility for taking later actions or preparing any subsequent documents that may be necessary for my case. I understand the court and/or judge who hears my case is not bound by anything said to me today. I understand I am in charge of handling my own case and I will make my own decisions about how I handle my case. I understand the benefits and risks of such an arrangement and give my complete and informed consent to this limited assistance. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARACIÓN SOBRE AYUDA LEGAL**

Al firmar aquí, doy mi permiso para que la información proporcionada en este formulario sea compartido con un abogado voluntario. Estoy de acuerdo y entiendo que ni el abogado voluntario quien me va proporcionar una consulta hoy mismo, ni el Programa de los Voluntarios Abogados, acepta ser mi representante legal. Entiendo que el abogado voluntario solo me va proporcionar con información legal breve o ayudarme girar o revisar documentos sólo durante este evento. Si el abogado voluntario me ayuda girar o revisar documentos, entiendo que el abogado voluntario no está asumiendo responsabilidad para pasos siguientes, ni para documentos posteriormente cuales sean necesarios para mi caso. Entiendo que ni la corte, ni el juez quien escucha mi caso, está obligado de ninguna manera por lo que se me diga hoy sobre esta consulta. Entiendo que solo yo soy responsable de mi propio caso y que yo haré mis propias decisiones sobre cómo manejar mi caso. Entiendo los beneficios y riesgos de aceptar tal arreglo y declaro mi conformidad con esta ayuda legal limitada. Gracias.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Please STOP Here.**

