APPLICATION FOR FREE LEGAL ASSISTANCE

Please complete the application as completely as possible and return to:

Greater Dayton Volunteer Lawyers Project
109 North Main Street
Ste. 610
Dayton, Ohio 45402

APPLICATION AND DISPOSITION FORM

Case Number: _____

First Name | Middle Name | Last Name | Suffix or Alias

Street Address | City | State | Zip Code | County

Primary Phone | Secondary Phone | Email Address

Date of Birth | Last 4-digits SSN | County of Action and Zip (If Different from Applicant's County)

Gender
- ☐ Male
- ☐ Female
- ☐ Group

Highest Level of Education
_____

Language
- ☐ English
- ☐ Spanish
- ☐ Other _____

English Fluency
- ☐ Fluent English
- ☐ Little English
- ☐ No English

U.S. Citizen
- ☐ Yes
- ☐ No

Migrant
- ☐ Yes
- ☐ No

Agriculture Worker
- ☐ Not Applicable
- ☐ Chicken Processing
- ☐ Dairy Farm
- ☐ Egg Farm
- ☐ Field Harvesting
- ☐ Grading Station
- ☐ Meat Packing
- ☐ Nursery
- ☐ Packing House
- ☐ Slaughter House
- ☐ Tobacco

Marital Status
- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widow(er)
- ☐ Other

Residence
- ☐ Ag. Labor Camp
- ☐ Apartment
- ☐ Assisted Living
- ☐ Condo-Owner
- ☐ Condo-Renter
- ☐ Group Home
- ☐ Half-way House
- ☐ Homeless
- ☐ Hotel
- ☐ House-Owner
- ☐ House-Renter
- ☐ Institutionalized
- ☐ Jail
- ☐ Mobile Home-Own
- ☐ Mobile Home-Rent
- ☐ Nursing Home
- ☐ Prison
- ☐ Relatives
- ☐ Shelter

Have you ever served in the military?
- ☐ Yes
- ☐ No

Military Branch _____

Dates of Service _____

Ethnicity
- ☐ Asian
- ☐ Asian & White
- ☐ Asian & Black
- ☐ Black
- ☐ Black & White
- ☐ Hispanic
- ☐ Hispanic & White
- ☐ Hispanic & Black
- ☐ Middle Eastern
- ☐ Middle Eastern and White
- ☐ Middle Eastern and Black
- ☐ Multi-Racial
- ☐ Native American
- ☐ Native American & White
- ☐ Native American & Black
- ☐ Pacific Islander
- ☐ Pacific Islander & White
- ☐ Pacific Islander & Black
- ☐ White
- ☐ Other
- ☐ Group
- ☐ Unknown
- ☐ Refused to Disclose

Do You have Physical or Mental Impairments?
- ☐ No
- ☐ Yes – Mental Health (MH)
- ☐ Yes – Developmental Disability (DD)
- ☐ Yes – MH & DD
- ☐ Yes – Physical
- ☐ Yes – Physical & MH
- ☐ Yes – Physical & DD
- ☐ Yes – Physical & MH & DD

Provider Name: _____

Source of Case
- ☐ Advertisement
- ☐ Attorney General
- ☐ Bar Association
- ☐ Community Organization
- ☐ Community Presentation
- ☐ Court
- ☐ Family
- ☐ Farm worker Organization
- ☐ Federal Representative
- ☐ Friend
- ☐ Healthcare Professional
- ☐ Internet
- ☐ Legal Needs Survey
- ☐ Other LS Program
- ☐ Outreach
- ☐ Police/Prosecutor
- ☐ Previous Client
- ☐ Private Attorney
- ☐ Social Service Agency
- ☐ State Representative
- ☐ Other _____

Intake Type
- ☐ Phone
- ☐ Outreach
- ☐ Letter
- ☐ Website
- ☐ Other
- ☐ Walk-In

Are you a previous client of LAWO?
- ☐ Yes
- ☐ No

_____
If yes, enter Year and Name Used

Do minor children have medical coverage?
- ☐ Some
- ☐ All
- ☐ None

If minor children have medical coverage, who is their medical provider?
- ☐ Court Ordered
- ☐ Employer
- ☐ Medicaid
- ☐ Private Insurance
- ☐ Other
- ☐ None

Does minor child need special education services?
- ☐ Yes
- ☐ No

Adverse Party Information

Adverse First Name	Adverse Middle Name	Adverse Last Name or ORG Name	Adverse Suffix or Alias

Adverse Street Address	Adverse City	Adverse State	Adverse Zip	Adverse County

Adverse Date of Birth	Adverse Last 4-digits SSN	Adverse Telephone	Adverse Secondary Phone

Client Name: _____

Household Information and Income Eligibility Determination

Name	Relationship	Birth Date	A Veteran (Y/N)	PI / MHI	Income Source	Monthly Income
Number In Household					*Total Monthly Income*	

Do you expect any changes to your income? Increase By: _____ Per _____ Decrease By: _____ per _____

Date of expected change:

Do you have seasonal variations in income? YES _____ NO _____ If yes, please explain:

Assets Eligibility Determination (*Assets that are not exempt*)

Bank Accts/Cash		Personal Property	
Stocks/Bonds		Automobile	
Real Property		Other	
		Total (add all assets):	

Do you expect to make any major asset purchases? ☐YES ☐NO

Allowable Monthly Expenses	
Unreimbursed Medical Expenses or Insurance Premiums	
Age or Disability Related Expenses (Non-Medical)	
Employment Related Expense – Dependent Care	
Employment Related Expense - Transportation	
Employment Related Expense – Clothing/Equipment	
Employment Related Expense – Job Training/Education	
Current Taxes	
Other	
TOTAL EXPENSES	

Allowable Debts	Total Debt	Monthly Payment
Unpaid Taxes		
Medical Bills		
Bills In Arrears		
TOTAL DEBTS		

Revised Income Determination

Monthly Income x 12:	
Minus Total Expenses x 12:	
Minus Total Monthly Payments on Debt:	
REVISED ANNUAL INCOME:	

Income Justification

No Income Limit Justification

☐ App. Seeking to Maintain Low-Income Benefits

125%-200% Justifications

☐ App. Seeking to Obtain Low-Income Benefits
☐ App. Seeking to Obtain/Maintain Disability Benefits
☐ High Medical or Nursing Home Expenses
☐ Liabilities (Debt & Expenses)
☐ Likely Decrease/Variance in Income

Other Justifications

☐ AOA-Title III
☐ Income Solely From SSI or DA
☐ Other Funding _____
☐ Other _____

Client Name: _____

Applicant's Statement of Problem

Citizenship (Sign if statement is true)

I am a citizen of the United States.

SIGNATURE: _____ **DATE:** _____

NOTE: If Eligible Alien or not a U.S. Citizen please attach Alien Status Questionnaire.

CERTIFICATION: I have reviewed the information in this *Application and Disposition Form* and it is correct to the best of my knowledge, information and belief. I will inform Legal Aid of Western Ohio, Inc. (LAWO) of any changes.

SIGNATURE: _____ **DATE:** _____

I agree that information about my case may be shared with the following organizations: Advocates for Basic Legal Equality, Inc. (ABLE); Legal Aid of Western Ohio, Inc. (LAWO), Toledo Bar Association Pro Bono Program; or the Volunteer Lawyers Project of Greater Dayton; to find out whether those organizations can provide additional help for my case.

SIGNATURE: _____ **DATE:** _____