

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 has limited resources, and so we must prioritize which cases we take. Our case acceptance decisions are guided by priorities established by the local office and approved by our governing board. A copy of our priorities and case acceptance policy 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
1016 W. 6th Ave., Ste. 200
Anchorage, AK 99501

Email: anchorage@alsc-law.org
Fax: 907-279-7417

ALSC APPLICATION FORM

Name: _____

Other names by which you have been known: _____

Marital status: _____ Date of birth: _____ Gender: _____ Ethnicity _____
(Statistical purposes only)

Spouse/Partner's name: _____

Mailing address: _____ City _____ ST _____ ZIP _____

Phone Nos: Home _____ Work _____ Cell _____ Message _____

Total number of people in your household: _____ Number of these who are under 18 _____ over 60 _____

Current gross income from <u>all</u> household members:				Household Expenses:			
Source	Amt	Time period		Item	Balance	Pmts	Time period
ATAP or TANF	_____	per	_____	Rent/Mortgage	_____	_____	per _____
Adult Public Assistance	_____	per	_____	Child care	_____	_____	per _____
Alimony/child support	_____	per	_____	Child support	_____	_____	per _____
Earnings/wages	_____	per	_____	Medical	_____	_____	per _____
PFD	_____	per	_____	Emplmnt exps.	_____	_____	per _____
Retirement/pension	_____	per	_____	Other: _____	_____	_____	per _____
Senior Care cash benefit	_____	per	_____				
Social Security	_____	per	_____				
SSI	_____	per	_____				
Unemployment	_____	per	_____				
VA	_____	per	_____				
Worker's comp	_____	per	_____				
Other	_____	per	_____				
	_____	per	_____				

Household members	
Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____

Total income from all sources for past 12 months or last calendar year: _____

Do you expect your income to change (check one)? no yes (If yes, explain) _____

Land (location, acreage, value, debt): _____

Balance in Bank accts (amount(s), bank(s)): _____

Vehicles (yr, make, model, value, debt): _____

Other (item, value): _____

Type of case or legal question: _____

Opposing party's name: _____

Opposing party's address: _____

List any other names by which opposing party is known: _____

This information is accurate to the best of my knowledge: _____
(Signature)

(Sign this box only if you are a U.S. citizen)
 I am a citizen of the United States: _____
(Signature) (Date) (Initials)

Casehandler use:
 Applicant is > 125%, but:
 seeks help to maintain low-income benefits; or
 ED finds applicant has income primarily committed to medical/NH expenses which if excluded makes applicant eligible; or
 suitable OI funding; or
 is < 200% and
 seeks assistance to obtain low-income benefits or obtain/maintain disability benefits; or
 is eligible based on 1611.5(a)(4) factors as specified in Notes.

Your answers to these questions **will not** affect your eligibility. This information is gathered for data collection and service purposes only.

Veteran Status:

Have you ever served in the military, including the Reserves or National Guard? _____
Are any other household members veterans? _____

Domestic Violence:

Have you experienced domestic violence? _____ Is DV involved in this case? _____
What is a safe number and address where you can be contacted?

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. _____

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)? _____

How many family members outside your household depend on you for support?
_____ Ages _____

Employer name: _____

Primary language _____ Interpreter needed? _____

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

Name, phone number and address of someone who can get a message to you: _____

Who or what agency referred you to ALSC? _____

Legal Problem -- Briefly describe your legal problem:

Have you had contact with another attorney? _____ Yes _____ No