FOR OFFICE USE ONLY

App. #_____

Date: _____

Legal issue:_____



Portage County Legal Aid Society Application

Please Print Your Full Name:

Home Address Disabled?

City/State Zip Date of Birth

Phone Email

Have you recently relocated? If yes, please explain

Marital Status: Single Married Do you have children? How many?

Have you been Divorced? If yes, when and what county?

Are you Employed? If yes, where do you work?

Who lives in your household? Please list all adults and children:

Have you applied to PCLAS before? When/Attorney?

What is your legal issue?

Please see Page Four to Continue

Name of other party and Relationship to you:

Are children involved? **If yes, how many?**

Have you received any paperwork regarding this matter?

If yes, please list the paperwork you have received:

Is there a court date set? If yes, when? Date **Time**

Name of attorney involved **What county?**

Regarding this matter, are there any abuse or safety issues for you or your kids?

Have you ever been charged with a crime? **If yes, please list conviction, date and county:**

Household Income ***Note: We cannot process your application without this information.***

List **ALL** people (adults and children) who live in the house. You must also disclose and show proof of all **gross** income (before taxes/deductions) coming into the household. This includes part-time jobs and child support.

Full Name	Relationship to You	Total Monthly Income	Income Source (Place of Employment, Social Security, Disability, etc.)
1) Applicant	Self	$	
2)		$	
3)		$	
4)		$	
5)		$	
6)		$	
7)		$	
8)		$	

Total for all members of household $ /Per Month

Number of children currently living with you
Total number of people that live in the house

Proof of income (paycheck stubs, child support receipts, etc.) is required.

Household Assets (***We have a right to check on this information.)***

	Value
Home (Please list approximate selling value)	$
What is the balance on your mortgage?	
Are you currently living in this home?	
Motor Vehicles	
Type:	$
Type:	$
Other Non-Liquid Assets (Land, Jewelry, Antiques, Boats, Motorcycles)	
	$
	$
Other Liquid Assets (Stocks, Bonds, Mutual Funds, Retirement)	
	$
	$
Checking Account (List your current balance)	$
Savings Account (List your current balance)	$

TOTAL ASSETS $

***I certify that the information on this application and information given in conjunction with it is a true and complete statement of facts according to my best knowledge and belief. I understand that the Portage County Legal Aid Society (PCLAS) is a non-profit organization whose sole purpose is to refer indigent citizens to participating attorneys who provide pro bono (no cost) legal services. PCLAS does not provide legal services or give legal advice. I understand that PCLAS is not responsible for work done by participating attorneys or the results of that work. I understand that PCLAS may not be able to find a volunteer attorney to help me and I agree that PCLAS has no obligation to do so.

Date _____ Applicant's Signature _____

I certify that I have read and understand this paragraph. _____ (initials)

RELEASE OF INFORMATION AUTHORIZATION

Informed Consent

Authorizing disclosure of financial records and other information relating to eligibility for assistance from the Portage County Legal Aid Society, Inc.

I hereby authorize the release of information to CAP Services, Inc. and/or the Portage County Legal Aid Society, Inc. (herein referred to as PCLAS) about my income from employment, assets, public assistance, social security, and any other financial information relevant to program regulations. I further authorize the release of information regarding my Social Security, records including social security number, state collected wage information, unemployment benefits, and related information to meet eligibility guidelines of the PCLAS. I understand financial eligibility of clients is a condition of funding for the PCLAS from WISTAF. Further, if there is a change in my financial status I will notify the PCLAS so that it can be determined if I still meet the financial eligibility guidelines. If I do not, I understand the PCLAS may discontinue coverage of my case and the attorney may withdraw from his/her representation through the PCLAS so long as the decision by PCLAS and the attorney is consistent with the Wisconsin Supreme Court rules governing withdrawal of representation.

Unless revoked in writing, this consent will remain in effect for a period of twelve (12) months for the date of signature. A photocopy of this authorization is as valid as the original.

_____ _____

Signature (Applicant) Date

PLEASE DESCRIBE IN DETAIL THE NATURE OF YOUR LEGAL ISSUE and include any relevant information

(paperwork included, important dates, names of attorneys involved, etc.):