

ALL FOR THE FAMILY LEGAL CLINIC, INC.
3137 Castro Valley Blvd #210
Castro Valley, Ca 94546
Ph: 510-999-7732 Fax: 510-999-7985
PRoss@allforthefamilylegalclinic.org

APPLICATION TO BE CONSIDERED FOR LEGAL SERVICES

* Although the information in this application and/or your consultation will remain confidential, this application does not create an attorney-client relationship. A fee agreement with us must be signed to create an attorney-client relationship with us.

Name (s):

Phone:

Email Address:

Address:

To help us determine your sliding scale flat fee:

Number of Children under 18 who live with you:

Number of people who live in your home that you support:

Your Annual Income:

Spouse Income (if applicable):

Additional Household income (include income from others that support you/you support):

Other Income, including but not limited to child support and spousal support. Explain source and advise amount. :

What is your mortgage/rent cost per month:

If you pay child support or spousal support, how much do you pay per month?

*If custody has the child lived in CA for at least 6 months or since birth if child is under 6 months old? How long has the child been in the county you currently reside in?

Have you been served with any legal paperwork? If yes, please provide a copy of all paperwork.

Do you have any deadlines that you must meet? Please note the deadlines specifically:

If there are any custody orders currently in place please provide details/ a copy of the order:

County of Case:

	You	Other Parent
Full Name		
Birth Date		
Occupation		
Estimated Annual Income from Salary, Bonuses, Etc		
Estimated Annual Investment Income		
Have there ever been restraining orders in place against you or other parent?	Provide dates of orders:	
Are there allegations of Domestic violence or sexual abuse? Explain briefly		
Has the other parent threatened to take the child to another county/state/country? Please advise where and the other parent's connection to the place they have threatened to take the child.		
What visitation schedule would you like to see in place?		

CHILDREN—PLEASE LIST ALL ADDRESSES THAT YOU HAVE LIVED FOR THE PAST 5 YEARS

Name	Birthdate	Address

If you are establishing parentage:
was the child conceived in California?
Do you want to request a DNA test?

