

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 order will also be requested, 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:

| | |
|--|--|
| <p>Harassment</p> <p>Stalking</p> | |
| <p>If children, what visitation schedule would you like to see in place?</p> | |
| <p>If children, do you believe that they are a threat to the children? Have their been incidents of child abuse?</p> | |

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

| Name | Birthdate | Address |
|------|-----------|---------|
| | | |
| | | |
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| | | |

Other information you would like to provide: