



LOWCOUNTRY
LEGAL
VOLUNTEERS

Personal Cases. Profound Impact.

LOW COUNTRY LEGAL VOLUNTEERS APPLICATION FOR SERVICES

APPLICANT INFORMATION										Date					
Name															
Former Name															
Home Address						City:		State:		Zip:					
Mailing Address															
County						Lived in County for		_____		years					
Home Phone						Mobile Phone									
Email															
Date of Birth				Place of Birth				SSN							
Sex		M	F	Race		Height		Weight			Eyes		Hair		
Drivers License#						State of Issue									
CHILDREN UNDER 18 LIVING IN YOUR HOUSEHOLD										Total # of Children					
Name		Date of Birth		Relationship to you		Child Support Received									
OTHER ADULTS LIVING IN YOUR HOUSEHOLD										Total # of Adults (including you)					
Name		Relationship to you				Monthly Income									
EMPLOYER															
Name															
Address															
City, St, Zip															
Phone															
Occupation															
INCOME															
Gross Pay				Weekly				Bi-Weekly				Monthly			
Food Stamps				SSI				Unemployment				Child Support			
Do you pay child support?		Y	N	Amount				Current?				How paid?			
HOW DID YOU HEAR ABOUT US?															

OPPOSING PARTY

Name												
Home Address												
Mailing Address												
County						Lived in County for	_____ years					
Home Phone						Mobile Phone						
Email												
Date of Birth				Place of Birth				SSN				
Sex	M	F	Race		Height		Weight		Eyes		Hair	

CASE STATUS

Have you been served with court papers?	Y	N										
State & County of Service						Type of Service						
Date Served			Response Due				Hearing Date					

CRIMINAL RECORD

Have you ever been charged with a crime?	Y	N	State		Date							
What was the charge?												
What was the outcome?												

FOR OFFICE USE ONLY

Case Type					Income qualified						
-----------	--	--	--	--	------------------	--	--	--	--	--	--

Notes:

--	--	--	--	--	--	--	--	--	--	--	--	--

INCOME CERTIFICATION

I hereby certify that the information I have given about my household income is correct. **I understand that until I have provided proof of income for myself and for the other adults in my household, my application for services cannot be processed.** I further understand that if I am accepted as a client and it is discovered that I provided false income information my representation by LLV may be terminated.

Signature

Date

AUTHORIZATION TO INVESTIGATE CASE

I hereby agree that LLV is authorized to conduct such investigation as may be reasonable or necessary in order to determine whether to represent me, including, but not limited to, obtaining my confidential medical or business records. I understand that such investigation does not mean that I will be accepted as a client and that unless and until I have signed a Retainer Agreement for Representation and met with LLV's attorney, LLV does not represent me.

Signature

Date

COSTS ASSOCIATED WITH REPRESENTATION

I understand that although LLV does not charge attorney fees; other costs, including but not limited to, filing fees, service fees, publication fees, guardian ad litem fees and certain postage expenses may be charged. I hereby agree to pay all such costs associated with my case and understand that in the event I am unable to pay such expenses, LLV may not be able to proceed with my case. I further agree to pay any such expenses in a timely manner upon request by LLV and understand that failure to make timely payment may cause LLV to cease representation.

Signature

Date

AGREEMENT OF NON-REPRESENTATION

I have been informed and fully understand that, although I have been interviewed, I am not a client of LLV at this time. I further acknowledge that I cannot consider myself to be a client of LLV until such time as I have met with my assigned attorney and signed a "Retainer Agreement for Representation."

Signature

Date

Witness Signature

Date