

# CASCADE COUNTY LAW CLINIC, INC.

## A PRO BONO PROJECT



**401 3RD AVENUE NORTH  
GREAT FALLS, MT 59401  
paralegal@cascadelawclinic.org  
TELEPHONE: (406) 452-6269**

### APPLYING FOR HELP THROUGH THE CASCADE COUNTY LAW CLINIC

#### Federal Poverty Guidelines for FFY 2015

Size of family unit	100 Percent of Poverty	110 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty
1	\$11,670	\$12,837	\$14,588	\$17,505	\$20,423	\$21,590	\$23,340
2	\$15,730	\$17,303	\$19,663	\$23,595	\$27,528	\$29,101	\$31,460
3	\$19,790	\$21,769	\$24,738	\$29,685	\$34,633	\$36,612	\$39,580
4	\$23,850	\$26,235	\$29,813	\$35,775	\$41,738	\$44,123	\$47,700
5	\$27,910	\$30,701	\$34,888	\$41,865	\$48,843	\$51,634	\$55,820
6	\$31,970	\$35,167	\$39,963	\$47,955	\$55,948	\$59,145	\$63,940
7	\$36,030	\$39,633	\$45,038	\$54,045	\$63,053	\$66,656	\$72,060
8	\$40,090	\$44,099	\$50,113	\$60,135	\$70,158	\$74,167	\$80,180

1. **Check the Above Chart** - to determine if you meet the **125% or below** Income Criteria.
2. **Pay \$25.00 Non-Refundable Fee at the time of application**
3. **Complete application**- be sure to state clearly what you would like the Law Clinic to help you with.
4. **Return the completed application** - to 401 3<sup>rd</sup> Ave N, Lower Level. You **must** include proof of your financial condition with non-refundable application fee.
5. **You will receive a letter** telling you if you are eligible or ineligible.
6. **You must pay another non-refundable fee of \$25** when you are assigned an attorney or mediator or paralegal to assist you.

**You MUST keep CCLC informed of your contact information.**

**Your case will be closed if CCLC or the assigned attorney is unable to contact you.**

# Cascade County Law Clinic Application for Services

All the information that you provide in this application is strictly confidential. Please complete every page.

## 1. What type of problem do you need help with?

- Divorce   
  Custody   
  No. of Children \_\_\_\_\_   
  Tenant / Landlord   
  Name Change  
 Other:

## 2. Applicant Information:

<p><b>Your Name:</b> (First/MI/Last)</p> <input style="width: 95%; height: 25px;" type="text"/> <input style="width: 95%; height: 25px;" type="text"/>	<p><b>Date of Birth:</b> (mm/dd/yyyy)</p> <p style="text-align: center;">____/____/____</p> <p><b>Sex:</b>    <b>M</b>    <b>F</b>  <input type="radio"/>    <input type="radio"/></p> <p><b>Age:</b> _____</p>
<p><b>Your mailing address:</b></p> <input style="width: 95%; height: 25px;" type="text"/> <input style="width: 95%; height: 25px;" type="text"/> City                      State                      Zip	<p><b>Your phone numbers:</b></p> <p>Home: <input style="width: 85%; height: 25px;" type="text"/></p> <p>Work: <input style="width: 85%; height: 25px;" type="text"/></p> <p>Other contact number:  <input style="width: 85%; height: 25px;" type="text"/></p>
<p><b>Is it safe to write you at the above address?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No (If no, include safe contact info on last page)</p>	<p><b>Is it safe to call you at the above phone numbers?</b> <input type="checkbox"/> Yes    <input type="checkbox"/> No (If no, include safe contact info on last page)</p>
<p><b>Your e-mail address:</b></p> <input style="width: 95%; height: 25px;" type="text"/>	<p><b>Your marital status:</b></p> <p> <input type="radio"/> Single    <input type="radio"/> Married    <input type="radio"/> Divorced  <input type="radio"/> Widowed    <input type="radio"/> Other: _____                 </p>
<p><b>Other names you have gone by:</b></p> <p>Maiden Name: <input style="width: 95%; height: 25px;" type="text"/></p> <p>Former name(s): <input style="width: 95%; height: 25px;" type="text"/>  <input style="width: 95%; height: 25px;" type="text"/>  <input style="width: 95%; height: 25px;" type="text"/></p>	<p><b>Your race</b> (check all that apply):</p> <p> <input type="radio"/> White    <input type="radio"/> African-American  <input type="radio"/> Asian or Pacific Islander  <input type="radio"/> Hispanic    <input type="radio"/> Other: _____  <input type="radio"/> Native American -- Tribe: _____                 </p>
<p><b>Citizenship</b> (if you are a citizen of the US please sign below):</p> <p><b>I am a citizen of the United States:</b></p> <hr style="border: 0.5px solid black;"/> <p style="display: flex; justify-content: space-between;"><i>Signature</i>                      <i>Date</i></p>	<p><b>Are you a resident of Cascade County?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you are NOT a US citizen:</p> <p>a. Are you a resident alien?  <input type="checkbox"/> Yes: AIN: _____  <span style="margin-left: 150px;">[Attach copy of your green card]</span>  <input type="checkbox"/> No (go to next question)</p> <p>b. Do you have a green card?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>c. Are your children citizens?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>d. Have you filed for adjustment of status to permanent resident?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**3. Provide the details of the person you are having problems with** (for example, in a divorce that person would be your spouse, for custody that might be the other parent -- not you, for housing -- your landlord, etc.):

<b>Full name of other party involved:</b> <input type="text"/> <input type="text"/>	<b>Address of person:</b> <input type="text"/> <input type="text"/> City                      State                      Zip
<b>Date of Birth of person</b> (if you know it): (mm/dd/yyyy) ____/____/_____ <b>Age:</b> _____	<b>Is this person represented by an attorney?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of attorney: _____
<b>Other names this person has gone by:</b> Maiden Name: (if applicable) <input type="text"/> Former name(s): <input type="text"/> <input type="text"/>	<b>HAVE YOU OR THE OTHER PARTY EVER APPLIED FOR OR BEEN ACCEPTED IN THE CASCADE COUNTY LAW CLINIC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?: _____ If yes, Name of Party: _____
<b>Initials of Children Involved in Case:</b>	

**4. Your household (list the names of each member of your household, their relationship to you** (for example, boyfriend, son, daughter, spouse, etc.):  
Number of people living in your home: \_\_\_\_\_

Full name	Relationship	Age	Does this person live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Household income information:**

Proof of all household income is required by providing pay stubs, W-2s, tax returns and other documents. If you report no income or benefits, you must explain how you support yourself.

TANF \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ SSD \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

- a. Are you employed?  Yes  No  
If yes, how much money do you earn each month before taxes? \_\_\_\_\_  
Is anyone else in your household employed?  Yes  No If yes, who? \_\_\_\_\_  
If yes, how much money do he/she/they earn each month before taxes? \_\_\_\_\_

**Other income information** (please list monthly amounts or zero (0) if none received):

Type of Income	You	Other Person
Tax Refunds	\$	\$
Self-Employment	\$	\$
Unemployment	\$	\$
Workman's Compensation	\$	\$

Pension/Retirement	\$	\$
Soc. Sec. Retirement	\$	\$
Rental Income	\$	\$
Child Support	\$	\$
Veteran's Benefits	\$	\$
Other: _____	\$	\$
Other: _____	\$	\$

**Total Household Monthly Gross Monthly Income**

(Include all member's income): \$ \_\_\_\_\_

**6. Asset information** (If you or anyone in your household has any of the following, please fill in the value of each item listed below. For example, if you or someone in your household has a checking or saving account and there is no money in it – write down zero (0)):

**Checking, Savings, Cash Assets:**

Type of Asset	You	Other Person
Checking account	\$	\$
Saving account	\$	\$
Trust Funds	\$	\$
Inheritance	\$	\$
CD's	\$	\$
Stocks, Bonds, or Securities	\$	\$
Life Insurance	\$	\$
Animals/Livestock	\$	\$
IRA	\$	\$
Collectibles _____	\$	\$
Other: _____	\$	\$

**Vehicles** (please list all vehicles):

Year	Model	Value	Money Owing

**Recreational equipment** (boats, guns, jet skis, horses, motorcycles, snowmobiles, etc.):

Year	Model	Value	Money Owing

**Real Estate:**

Do you:  own a home?  rent apartment or home?  live with relatives?

live with friends? Or  other \_\_\_\_\_

If you own a home, fill in information below.

Description (physical address)	Value	Money Owing

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Do you own any other property other than where you live?  
 (If you own a 2<sup>nd</sup> home, land, other real property, list below)

Description (e.g., 2 <sup>nd</sup> home, cabin, etc.)	Value	Money Owning

**Other Property** – Do you have any personal property other than household furnishings?  
 (If yes, list below):

Description	Value	Money Owning

**7. SUPPORTING DOCUMENTS**

- |   |                        |
|---|------------------------|
| Last Year's Tax Returns _____           | Pay Stubs _____        |
| Divorce Decree _____                    | Titles _____           |
| Social Security Benefit Statement _____ | Insurance Policy _____ |
| Food Stamps _____                       | TANF _____             |
| Veterans Benefits _____                 | Child Support _____    |

**ELIGIBILITY- FALSE SWEARING**

I, \_\_\_\_\_, believe I am financially unable to employ an attorney. For determining my eligibility, I swear, under oath, that the foregoing information is complete, correct and accurate. I understand the questions on this application and my obligation to report any changes in my financial status throughout the period of representation.

I certify that the information given is complete, correct and accurate.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 Witnessed by

\_\_\_\_\_  
 Date

APPROVED \_\_\_\_\_  
 DENIED \_\_\_\_\_ Reason \_\_\_\_\_



