

**Do Not Write in This Section – For LAF Office Use Only**

Client's Name		LAF Case #
CT #	Thunderdome / Pro Bono	Case Type

**Guidelines for Retaining a Legal Aid Foundation Attorney**

Legal Aid Foundation is a private, non-profit organization serving Promise Zone and low-income residents with a civil law case in Leon County.

**Please be advised, you will not be considered a client until all paperwork is properly filled out and signed, and you are confirmed to meet eligibility requirements.**

- Qualified applicants are Leon County residents within the Promise Zone or meeting the designated financial level and within the legal aspects offered by our volunteer lawyers.**
- Qualified applicants will not be charged for MLC services.** However, applicants may be required to pay costs or case associated expenses mandated by respective offices (e.g., court filing fees, court reporter fees, deposition transcripts, services of process fees, etc.) as applicable. **If you are asked to pay fees or charged for MLC services, please contact the Executive Director of the Legal Aid Foundation immediately at 850.222.3293.**
- LAF/MLC cannot aid in criminal cases. Contact Leon County Public Defenders 850.606.1000.**
- If you have more than one legal issue on your **Intake Fact Sheet**, you may need to submit another application and **schedule another appointment**; please speak with the Mobile Law Clinic Manager.
- The **Financial Information Form** includes gross income (before deductions) listed for each member contributing to your household family finances. If there is no income in your household family unit, you may be requested to explain payments being made for your daily living expenses.
- Assets and Expenses must be Disclosed to Verify Eligibility for LAF Services**  
**PLEASE NOTE: Failure to disclose information to the best of your knowledge will result in immediate and automatic disqualification of your eligibility for LAF/MLC services.**  
**Assets include:** Cash and checking/saving accounts, for all individuals in your home; Real Property/Equity; Personal Property/Equity (value of boats, campers, etc. NOT used for work); Vehicle: value of vehicle(s) NOT used for work. **PLEASE NOTE:** Equity value is the total value of property minus the amount you owe. *Example:* A \$39,000 home minus \$20,000 still owed equals an equity value of \$19,000.  
**Expenses:** monthly spending for your household family unit in vehicle (gas, utilities, maintenance, cab fare, insurance); child care and child support payments; medical expenses for medical bills not covered by insurance; age/physical infirmity: monies spent for special needs of an aged or disabled family member; fixed debt/obligations: mortgage payments, rent, car loan payments, alimony, business equipment; loans, taxes.

**Your application must be signed to be processed.**

**I have read and understand the above stated information. This form must be completed and signed for your case to be accepted.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## ***Acknowledgment of Limitation of Legal Services for Leon County Residents***

By using this application, you are asking the Legal Aid Foundation of Tallahassee (LAF) for legal assistance in Leon County, Florida. LAF's staff will use the information you provide to verify our service can help you. LAF will retain the information you submit completely confidential, except as needed to process your case, in response to a subpoena, or other legal matters in which we are required to provide required information.

**This application may be used to apply for ALL LAF legal services (Mobile Law for All, Promise Zone and Pro Bono Legal Services). By completing this application, you are allowing LAF to use this one application for all services.**

***PLEASE NOTE:*** LAF cannot accept every case. Unless and until LAF acknowledges your case has been accepted, you are not officially a client. Once your application is received, fully reviewed and accepted, a staff member will contact you at the phone number you provide within 5-7 business days. If you do not hear from LAF within this time frame, please call (850) 222-3292 and let the operator know you have completed an intake application and want to verify it has been received.

If you have a court date scheduled within two weeks of your submission to LAF, have received notice that your house will be sold at foreclosure within the next 15 days, have received an eviction requiring a response in five days, or have a deadline within the next 10 days, please note this clearly on your application and let a LAF associate know your situation when you complete and turn in your paperwork. Assigning an attorney from LAF may take longer than you have time for. Please highlight the upcoming deadlines or dates and LAF may be able to refer you to another service to ensure you have legal representation.

**I have read the information above, agree to the terms described, and acknowledge that if I receive a consultation with an attorney, the attorney is under no obligation or agreement to provide me with any legal representation or services after the consultation.**

***Your application must be signed to be processed.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_





**Legal Aid Foundation of Tallahassee Legal Services Application Package  
Application for Legal Services**

**PLEASE FILL IN ALL THE BLANKS OR CIRCLE THE APPROPRIATE ANSWER**

**Full Legal Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

Note: if you are homeless, please provide a zip code of the area where you spend most of your time.

**Is this the best address for receiving mail?**      YES                      NO

**Best Phone Number:** \_\_\_\_\_      **Best Time to Call:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_      **Birth Date:** \_\_\_\_\_

**How many years or months have you lived in Leon County?** \_\_\_\_\_

**If you do not live in Leon County, is this a Leon County case?**      YES                      NO                      I DON'T KNOW

**Please select where you currently live from one of the options below:**

- |                                 |                               |
|---------------------------------|-------------------------------|
| <u>Own Home</u>                 | <u>Friends/Relatives</u>      |
| <u>Assisted Living Facility</u> | <u>Shelter</u>                |
| <u>Own Mobile Home</u>          | <u>Mental Health Facility</u> |
| <u>Rent Apartment</u>           | <u>Nursing Home</u>           |
| <u>Rent Home</u>                | <u>Other/Unknown</u>          |
| <u>Rent Room</u>                |                               |

**Gender (Select one):**      Male                      Female                      **Self-Identified Gender:** \_\_\_\_\_

**Marital Status (Select one):**      Single                      Married                      Divorced                      Widowed                      Separated

**Race (Select one):**      Black                      White                      Hispanic                      Native American                      Asian                      Multicultural

Other: \_\_\_\_\_

**Are you disabled?**      YES                      NO

**Are you a veteran?**      YES                      NO

**Case Number (if already filed)** \_\_\_\_\_

**Is there a domestic violence injunction pending?**      YES – Case No.: \_\_\_\_\_                      NO

**Has there been domestic violence or abuse in the past?**      YES                      NO

**Is Department of Revenue involved?**      YES                      NO



**Legal Aid Foundation of Tallahassee Legal Services Application Package  
Financial Information**

Please specify income and expenses you or any member of your household have. You will need to specify the type of income for each person in your household including yourself.

**My Occupation:** \_\_\_\_\_ **Employed by:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**You are paid:**    Every week        Every other week        Twice a month        Monthly        Other \_\_\_\_\_

**\*CHECK HERE IF YOU DO NOT HAVE CURRENT EMPLOYMENT**

**Can you be claimed on someone else's income taxes?**    YES        NO

**Do you have any reason to believe that your income is likely to change significantly in the near future?**

YES        NO

**If YES, please select one of the following:**

- a. I have a new job starting on \_\_\_\_\_ (Date) and I will be making \$ \_\_\_\_\_ Month
- b. I will be losing my job on \_\_\_\_\_ (Date)
- c. My job is seasonal. I make approximately \$ \_\_\_\_\_ annually
- d. Other - Please explain: \_\_\_\_\_

**PRESENT MONTHLY GROSS INCOME:**

Please fill this section out completely and to the best of your knowledge. If a section is not applicable to you please put "0". Please let the Legal Aid Foundation know if you have any questions on this section and staff will try to help clarify. Please list your **gross income amounts**. Gross income, also known as gross pay, is an individual's total pay before taxes or other deductions.

**\*Check here if the ENTIRE household has no income**   

Source	APPLICANT	HOUSEHOLD MEMBER 1	HOUSEHOLD MEMBER 2	
	Amount	Amount	Amount	Total
Employment	\$	\$	\$	\$
Welfare/SSI	\$	\$	\$	\$
Soc. Sec.	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
VA	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

**ASSETS**

**Please list any assets that you may have below:**

Cash: \$ \_\_\_\_\_

Bank Accounts: \$ \_\_\_\_\_

Equity Value Real Property: \$ \_\_\_\_\_

Equity Value Personal Property: \$ \_\_\_\_\_

Vehicle (Not Used for Work): \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

**Please average your monthly expenses:**

Automobile Expenses: \$ \_\_\_\_\_

Child Care/Support: \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Age/Physical Infirmary \$ \_\_\_\_\_

Fixed Debt/Obligations: \$ \_\_\_\_\_

Mortgage/Rent: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

I, {full legal name} \_\_\_\_\_, certify that the above information is true.

**PLEASE RETURN YOUR APPLICATION TO:**

Legal Aid Foundation of Tallahassee  
 Leon County Courthouse  
 301 S. Monroe Street, #108  
 Tallahassee, FL 32301

**Please scan or email your completed application to: [intake@legalaidtallahassee.org](mailto:intake@legalaidtallahassee.org)**

Please call (850)222-3292 to check on the status on your application if you have not heard from our office in seven business days.