

Legal Aid Foundation of Tallahassee Legal Services Application Package

Guidelines for Retaining a Legal Aid Foundation Attorney

The Legal Aid Foundation of Tallahassee (“LAF”) is a private, non-profit organization that serves the residents of Leon County or individuals with a case in Leon County who cannot afford legal representation. Please read the information below before submitting your final application. Only when the application is completely filled in will the application be reviewed. If you have any questions about any part of the application, please do not hesitate to contact LAF at (850) 222-3292 ext. 2. Please be advised that you will not be considered a “client” until an engagement letter is signed.

1. **At no point will LAF staff or its volunteer attorneys ask for fees for providing legal representation to you.** If you are eligible for LAF services then there are no professional fees for the legal services provided by your attorney; however, there may be costs or expenses associated with your case that you may be asked to pay (e.g. court filing fees, court reporter fees, deposition transcripts, service of process fees). These costs may be covered by LAF or waived by the Clerk if requested appropriately. If you are asked to pay fees or charged for professional services please contact the Executive Director immediately at 850.702.5010.
2. LAF cannot help with traffic tickets or criminal cases. Please let LAF know if this is the type of legal issue you are having and LAF will refer you to the right agency.
3. All forms must be completed and attached as one application packet. The packet MUST include a signed *Guidelines for Retaining a Legal Aid Attorney Form*, a signed *Acknowledgment of Limitation of Legal Services* form, a completed *Intake Fact Sheet*, a completed *Application*, and a completed and signed *Financial Information Form*.
4. Please do not leave anything on the application blank. If there are sections that do not apply to you please mark them with “N/A” or “0.”
5. Please describe in detail the problem you are having on the *Intake Fact Sheet*. Please be as specific as you can and use additional paper if needed.
6. Please state if you have more than one legal issue you are requesting assistance with on your *Intake Fact Sheet* as you might need to submit another application.
7. You must complete the *Financial Information Form* so LAF can determine if you are eligible for services. LAF must have the gross income (before deductions) listed for each member contributing to you household family unit. If there is no income in your household family unit, you may be requested to explain how you are paying for your daily living expenses.
8. Failure to disclose anything to the best of your knowledge (assets, income, etc.) will result in the immediate and automatic disqualification of your eligibility for services.
 - a. **Assets include:**
 - i. Cash: Amount of cash you currently have in your possession or other location.
 - ii. Checking/saving accounts: Amount of money in each of your bank accounts or accounts in which you have funds, even if the account is not in your name.
 - iii. Real Property/Equity*: Value of property including homestead
 - iv. Personal Property/Equity*: Value of boats, campers, etc. NOT used for work
 - v. Vehicle: Value of vehicle(s) NOT used for work

*Note: The equity value is the total value of property minus the amount you owe.

Example: A \$39,000 home minus (-) \$20,000 owed equals (=) “equity value” of \$19,000.

b. Expenses include the monthly amount spent in each category for your household family unit.

- i. Automobile Expenses: Gas, maintenance to car, cab fare, insurance
- ii. Child Care/Support: Monies paid for child care services or for child support payments
- iii. Medical: Monies spent for medical bills not covered by insurance
- iv. Age/Physical Infirmary: Monies spent for special needs of an aged or disabled person
- v. Fixed Debt/Obligations: Mortgage payments, rent, car loan payments, alimony, business equipment loans, taxes

- 9. Please indicate the best way and best times to reach you. Unfortunately, if LAF is unable to contact you, you may be removed from the waiting list.
- 10. If you meet the eligibility requirements, LAF may have an in-house attorney handle your matter or may refer the matter to an attorney who volunteers with LAF. Such referral may occur at any point in the representation.
- 11. If you miss your appointment without notifying LAF ahead of time you will be marked as a “no show” and may not be rescheduled. LAF understands emergency circumstances may come up, but this must be communicated with LAF as soon as possible.
- 12. Please do not bring any children to your appointment with your attorney. If this is unavoidable, please let LAF or your volunteer attorney know beforehand.
- 13. If your case is referred to the Pro Bono Legal Services program, the attorney you are meeting with is volunteering his or her time for you as a free service because they believe you should have access to the justice system. The attorneys who volunteer with LAF are not obligated to do so. This means they want to represent you.
- 14. Once you have met with your assigned attorney for the first time, it will be your responsibility to stay in contact with the attorney. If your attorney is unable to maintain contact with you, he or she may withdraw from your case and you may not be reassigned to another attorney.

If your application is illegibly written and difficult to understand, we will not process your application.

Your application must be signed either by hand or electronically in order to be processed.

I have read and understand the above.

Signature: _____ Date: _____

Printed Name: _____

Legal Aid Foundation of Tallahassee Legal Services Application Package

Acknowledgment of Limitation of Legal Services

By using this application, you are asking The Legal Aid Foundation of Tallahassee (“LAF”) for legal help in Leon County, Florida. LAF’s staff will use the information you provide to see if LAF can help you. LAF will keep all of 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 this information.**

This application may be used to apply for ALL of LAF’s 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 that LAF cannot accept every case. Unless LAF tells you that your case has been accepted, you are not LAF’s client. Once your application is received, a staff member will contact you at the phone number you provide **within two business days**. If you do not hear from LAF **within two business days**, please call 850-222-3292 and let the operator know you have completed an intake application and would like to make sure it has been received.

If you have a court date scheduled within the next two weeks, received notice that your house will be sold at foreclosure within the next 15 days, received an eviction that requires a response in five days, or have a deadline within the next 10 days please note this clearly on your application and let someone on staff know your situation when you complete and turn in your paperwork. Assigning an attorney may take longer than you have time for. If you let LAF know the upcoming deadlines or dates, LAF may be able to refer you to another service to make sure 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 either by hand or electronically in order to be processed.

Signature: _____ Date: _____

Printed Name: _____

Legal Aid Foundation of Tallahassee Legal Services Application Package

Intake Fact Sheet

Name: _____ **Date:** _____

Type of Case (Please choose one):

<input type="radio"/> Bankruptcy	<input type="radio"/> Employment	<input type="radio"/> Property	<input type="radio"/> Landlord/Tenant
<input type="radio"/> Paternity	<input type="radio"/> Divorce	<input type="radio"/> Child Support	<input type="radio"/> Custody/Visitation
<input type="radio"/> Adoption	<input type="radio"/> Guardianship	<input type="radio"/> Contract	<input type="radio"/> Will
<input type="radio"/> Power of Attorney	<input type="radio"/> Probate	<input type="radio"/> Social Security/SSI	<input type="radio"/> Purchase of Goods
<input type="radio"/> Emancipation	<input type="radio"/> Collections	<input type="radio"/> Tax Issue	<input type="radio"/> Foreclosure
<input type="radio"/> Other (Describe)			

Do you wish to obtain advice only? YES NO

Have you received a Summons? YES NO

Adverse Party _____

The adverse party is the person or organization that is on the other side of your legal problem. If you are not sure or do not know, leave this blank.

Briefly describe your legal matter

This section must be completed and be legible or we will not be able to process your application.

Please list any legal documents you have regarding this matter:

**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:

- | | |
|---|---|
| <input type="radio"/> <u>Own Home</u> | <input type="radio"/> <u>Friends/Relatives</u> |
| <input type="radio"/> <u>Assisted Living Facility</u> | <input type="radio"/> <u>Shelter</u> |
| <input type="radio"/> <u>Own Mobile Home</u> | <input type="radio"/> <u>Mental Health Facility</u> |
| <input type="radio"/> <u>Rent Apartment</u> | <input type="radio"/> <u>Nursing Home</u> |
| <input type="radio"/> <u>Rent Home</u> | <input type="radio"/> <u>Other/Unknown</u> |
| <input type="radio"/> <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

Is Department of Children & Families involved? YES NO

If a child is involved, where is the child located?

Has this case ever been in dependency? YES NO

Have you had an attorney for this issue?

YES – Please list Attorney’s Name: _____ NO

Do you currently have a deadline for this case? YES NO

Has mediation or a hearing been scheduled? YES NO Date: _____

Before today, have you used Legal Aid Foundation or Legal Services of North Florida

If yes, what was the issue?

How did you hear about the Legal Aid Foundation (You may select more than one)?

Friend Family Brochure Website Florida Bar The Yellow Pages

Social Media Attorney’s Office Other: _____

Please enter the number of people in household including yourself:

Number of adults: _____ Number children: _____

Total number of people in household (including yourself): _____

Is your primary head of household a female? 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	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

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.

Your application must be signed either by hand or electronically in order to be processed.

PLEASE RETURN YOUR APPLICATION TO:

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

Or scan and email to intake@legalaidtallahassee.org

Please call (850)222-3292 to confirm receipt if you have not heard from the LegalAid Foundation after 5-7 business days.