

HANCOCK COUNTY LEGAL AID

DATE \_\_\_\_\_ INTERVIEWER \_\_\_\_\_

NAME: \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ALTERNATE PHONE NO. \_\_\_\_\_

HANCOCK COUNTY RESIDENT \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CLIENT'S EMPLOYER \_\_\_\_\_

GROSS SALARY PER YEAR \_\_\_\_\_ PER WEEK \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_

GROSS SALARY PER YEAR \_\_\_\_\_ PER WEEK \_\_\_\_\_

MARITAL STATUS: M D W S NO. OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

IF APPLICABLE, PLEASE GIVE AMOUNTS (WEEKLY OR MONTHLY:)	
CHILD SUPPORT _____	WELFARE _____ AFDC _____ TRUSTEE _____
SSI _____	SSDI _____ SOCIAL SECURITY _____ OTHER _____
ASSETS (AMOUNT OF EQUITY):	LIVING EXPENSES:
REAL ESTATE _____	RENT OR MORTGAGE _____
MOTOR VEHICLES _____	M.V. PAYMENT _____
PERSONAL PROPERTY _____	UTILITIES _____
BANK ACCOUNTS _____	FOOD _____
OTHER PROPERTY _____	OTHER DEBTS _____

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND ACCURATE TO THE BEST OF BY KNOWLEDGE. THE APPLICANT FURTHER UNDERSTANDS THAT IF ACCEPTED TO THIS PROGRAM, THE APPLICANT WILL BE ASSIGNED TO A MEMBER OF THE HANCOCK COUNTY BAR ASSOCIATION FOR REPRESENTATION WHO IS ALSO LICENSED TO PRACTICE LAW IN THE STATE OF INDIANA. NO OTHER REPRESENTATIONS ARE MADE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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INTAKE ATTORNEY COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

(continued on other side)

INTERVIEWER'S NOTES \_\_\_\_\_

CURRENT CASE PENDING: \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

COURT DATE: \_\_\_\_\_

OPPOSING COUNSEL \_\_\_\_\_

ELIGIBLE FOR LEGAL AID: \_\_\_\_\_ ATTORNEY ASSIGNED \_\_\_\_\_

ATTORNEY NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_

INELIGIBLE FOR LEGAL AID: \_\_\_\_\_ APPLICANT NOTIFIED: \_\_\_\_\_

REASON WHY INELIGIBLE: \_\_\_\_\_

REFERRED TO COMMITTEE: \_\_\_\_\_ OUTCOME: ELIGIBLE \_\_\_ INELIGIBLE \_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_