

Are there any upcoming deadlines or hearings in this matter? _____

If yes, date: _____

Please describe the deadline/hearing: _____

What would you like Franklin County Legal Services to do to help you with this matter? _____

FOR DIVORCE APPLICANTS ONLY (Skip the box below if you are not applying for divorce help and go to the next page).

Have you lived in Franklin or Fulton Counties for at least the past 6 months? _____

Date of marriage: _____ Date of separation: _____

Have there been any prior actions in divorce either in Franklin Co. or elsewhere? _____

Is your spouse in the Military? _____ Do you believe your spouse will consent to a divorce? _____

Did you rent or own your marital home? _____ Did you buy a home during the marriage? _____

Does either party have a 401K, pension, or investments? _____ If yes, explain: _____

Vehicles purchased during marriage:

Year: _____ Model: _____ Amount owed: _____

How titled: _____ In whose possession: _____

Year: _____ Model: _____ Amount owed: _____

How titled: _____ In whose possession: _____

Personal property purchased during marriage w/value: _____

Other real estate purchased during marriage: _____ **Motor Homes, Boats, etc.:** _____

Bank accounts (when opened, whose name, balance): _____

Insurance policies (who is covered, any cash value): _____

Loans acquired during marriage: _____

Credit card debt acquired during marriage (joint or separate): _____

Any other debt acquired during marriage: _____

Have either you or your spouse received (or expect to receive in the future) settlement money, such as Worker's Compensation etc.? _____

Are you or your spouse seeking spousal support and/or alimony? _____

I understand and agree that:

1. All of the information that I provided on this application questionnaire is true to the best of my knowledge.
2. All of the information that I provided on this application questionnaire will remain confidential except as provided in Numbers 7 – 9 below.
3. If I am determined ineligible due to income/assets, conflict of interest, or Application Hours quota, none of the information on this application will be saved or retained by Franklin County Legal Services (FCLS). If I do not complete the application process (which ends by speaking with our attorney), none of the information on this application will be saved or retained by FCLS.
4. Meeting with or speaking with FCLS for eligibility screening does not create an Attorney-Client relationship between myself and FCLS. If FCLS decides to represent me, then a formal Retainer (Representation) Agreement will be signed. I am completely responsible for my legal matter (including any deadlines, hearings etc.) until a Retainer (Representation) Agreement is signed. I am always free to seek other legal services/representation outside of FCLS.
5. For persons whom FCLS has met with/spoken with and who have not signed a formal Retainer (Representation) Agreement: If I do not return phone calls, keep appointments, or make a reasonable effort to resolve my legal problem, I may be required to re-apply to FCLS.
6. Children under the age of 12 may not be left unsupervised in the waiting room of FCLS and will not be permitted to be present during your individual appointments in our offices. You may be asked to reschedule if we are unable to accommodate you due to childcare issues.
7. FCLS may share all information about my case with any attorney recruited by FCLS to provide me with legal assistance on a pro bono (no fee) basis.
8. FCLS may share all information about my case with any interpreter/translator needed in my case.
9. FCLS may include information about me and my case in fundraising appeals and other publications as long as other people cannot tell that it is about me.
10. FCLS provides services only to persons whom have met FCLS' eligibility requirements which are based on household income/assets, conflict of interest checks, and criteria established by FCLS to best utilize the limited resources available to the agency. I understand that I may be determined ineligible even after undergoing a lengthy application process. Even with this information, I choose to be screened for eligibility to see if I qualify for the services of FCLS.

Signature _____

Date _____

.....PLEASE DO NOT WRITE ON THIS PAGE (OFFICE USE ONLY).....

SAMPLE APPLICATION -
PLEASE DO NOT TURN IN THIS COMPLETED SAMPLE