

DISCLAIMER TO ALL APPLICANTS REQUESTING ASSISTANCE

In order to offer representation we must first check to be sure that we do not have a conflict in offering you assistance. To do this we need the correct spelling of both your name and the adverse party's name.

After this initial check, we also must check to be sure that you are financially eligible for our services, and finally we must screen your case to see if your situation meets the priorities of our office.

This application is our means of completing these three steps and is for screening purposes.

PLEASE NOTE AT THIS TIME OUR OFFICE IS NOT REPRESENTING YOU AND THE INFORMATION YOU PROVIDE IN THIS APPLICATION IS NOT PRIVILEGED AND IN NO WAY CREATES AN ATTORNEY CLIENT RELATIONSHIP BETWEEN YOU AND ALASKA LEGAL SERVICES CORPORATION.

Our office completes case reviews once per week. After our case review you will be contacted concerning your application. If you have not heard from our office in writing or by telephone within **TWO WEEKS**, please call our office at 543-2237 or 1-800-478-2230 to check on the status of your application.

PLEASE SIGN BELOW INDICATING YOU HAVE READ THIS DISCLAIMER.

SIGNATURE OF APPLICANT

ALSC APPLICATION FORM

Name: _____

Other names by which you have been known: _____

Marital status: _____ Date of birth: _____ Ethnicity _____

(Statistical purposes only)

Mailing address: _____

Phone Nos: Home _____ Work _____ Cell _____ Message _____

Total number of people in your household: _____ Number of these who are under 18 _____ over 60 _____

PLEASE LIST ALL INCOME RECEIVED BY EVERYONE IN YOUR HOUSEHOLD INCLUDING YOURSELF. WE CANNOT PROCESS YOUR APPLICATION WITHOUT COMPLETE INCOME INFORMATION.

Current gross income from all household members:				Household Expenses:			
Source	Amt	Time period	Item	Balance	Pmts	Time period	
ATAP or TANF	_____	per _____	Child care	_____	_____	per _____	
Adult Public Assistance	_____	per _____	Child support	_____	_____	per _____	
Alimony/child support	_____	per _____	Medical	_____	_____	per _____	
Earnings/wages	_____	per _____	Emplmnt exps:	_____	_____	per _____	
PFD	_____	per _____	Other: _____	_____	_____	per _____	
Retirement/pension	_____	per _____	_____	_____	_____	per _____	
Senior Care cash benefit	_____	per _____	_____	_____	_____	per _____	
Social Security	_____	per _____					
SSI	_____	per _____					
Unemployment	_____	per _____					
VA	_____	per _____					
Worker's comp	_____	per _____					
Other	_____	per _____					
Total	_____	per _____					

Household members	
Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____

Total income from all sources for past 12 months or last calendar year: _____

Land (location, acreage, value, debt): _____

Bank accts (bank(s), balance(s)): _____

Vehicles (yr, make, value, debt): _____

Other (item, value): _____

Type of case or legal question: _____

Opposing party's name: _____

Opposing party's address: _____

What other areas of Alaska has opposing party lived in? _____

List any other names by which opposing party is known: _____

If you have been to Legal Services before, state where and when: _____

This information is accurate to the best of my knowledge: _____

(Signature)

(Sign this box only if you are a U.S. citizen)

I am a citizen of the United States: _____

(Signature)

(Date)

Casehandler use:

Applicant is > 125%, but:
 ___ seeks help to maintain low-income benefits; or
 ___ ED finds applicant has income primarily committed to medical/NH expenses which if excluded makes applicant eligible; or
 ___ suitable OI funding; or
 ___ is < 200% and ___ seeks assistance to obtain low-income benefits or obtain/maintain disability benefits; or
 ___ is eligible based on 1611.5(a)(4) factors as specified in Notes.

(Initials)