

APPLICATION INFORMATION

Alaska Legal Services Corporation is a private, non-profit organization that provides free legal services to those eligible. This screening application is our way to complete the following three steps:

- 1. We must first check to be sure we do not have a conflict of interest due to our prior or current representation of someone connected with your case.**

When we receive an application, we review our records to see if we have already advised an opposing party. If we have, this creates a “conflict of interest,” and ALSC cannot assist the applicant. We will inform the applicant as soon as possible that we cannot provide any legal advice or representation regarding the applicant’s legal problem. Since ALSC cannot help, we will try to refer the applicant to another agency or organization for assistance.

- 2. We then must check to be sure that you are financially eligible for our services.**

After checking for a conflict of interest, we review the income and asset information provided on the application form. From this, we make a preliminary determination about the applicant’s financial eligibility for our services, subject to a more thorough evaluation later. Our financial eligibility guidelines are based on federal poverty guidelines and are available upon request to any applicant.

- 3. Finally, we must screen your case to see if your situation meets the priorities of our office.**

ALSC has limited resources, and so we must prioritize which cases we take. Our case acceptance decisions are guided by priorities established by the office and approved by our governing board. A copy of our priorities and case acceptance policy is available upon request.

If you are applying for legal assistance with an ongoing court case, please be sure to include copies of all court documents with your application.

We will make every attempt to let you know whether we can accept your case within two weeks of receiving your application. Please let us know if you have an emergency situation, and we will try to address your application on an expedited basis.

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

ALSC APPLICATION FORM - PAGE 1 of 2

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 YOURSELF AND EVERYONE IN YOUR HOUSEHOLD. 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 _____	Other emp exp:	_____	_____	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)

Last 4 Digits of Social Security Number: _____

Are you at risk for homelessness?

Circle one: Yes No

Is domestic violence an issue in your case?

Circle one: Yes No

If your primary language is not English, please let us know what your primary language is, and whether you need an interpreter:

Please state if you need any kind of accommodations (special help) because you have a disability and let us know what you need.:

Alaska Legal Services Corporation does not discriminate against anyone based on race, ethnicity, creed, color, national origin, gender, marital status, sexual orientation, age, religion, or the presence of any sensory, mental, or physical disability, or status as a disabled person or veteran of war, in accordance with the Alaska Human Rights Law, the Americans with Disabilities Act of 1990, Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. We inquire about ethnicity and disability status for statistical purposes only, and do not use these categories to determine eligibility.

