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. To do this we need the correct spelling of both your name and the adverse party’s name.

If a conflict of interest exists, ALSC will not be able to assist you. We will inform you as soon as possible that we cannot provide any legal advice or representation. Since ALSC cannot help, we will try to refer you to another agency or organization for assistance.

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

A preliminary determination about your financial eligibility for our services is made according to income and asset information on the application, subject to a more thorough evaluation later. Our financial eligibility guidelines are based on federal poverty guidelines and are available upon request.

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

ALSC is prohibited by federal regulations from providing assistance for some types of cases. In addition, we have limited resources, and so we must prioritize which cases we take. Priorities are established by the local office and approved by our governing board. A copy of our priorities is available upon request.

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. 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.

Return completed application by mail, email attachment, fax or in person to:

Alaska Legal Services
PO Box 1429
Nome, AK 99762
Phone: 907-443-2230
Fax: 907-443-2239
Email: nome@alsc-law.org
ALSC APPLICATION FOR SERVICES

Name: ____________________________________________  Email: __________________________________________

Other names by which you have been known, including maiden name: ______________________________________

Marital Status: ______  Date of Birth: ____________  Gender: ______  Ethnicity: ____________________________

Mailing address: __________________________________ City: __________________ State: ______  Zip: ______

Phone: Home: __________________  Work: __________________  Cell: __________________  Message: __________________

Spouse/Partner's name: __________________________________________  DOB: __________________

Number of adults in household: count only yourself, your spouse, or unmarried partner ______

(Do NOT count other adults, like parents, adult children or roommates)

Number of children under 18: count only children for whom you are legally responsible ______

Name and DOB for Children counted above: __________________________  Opposing party’s name: __________________________

________________________  Opposing Party’s DOB if known: __________________________

________________________  Opposing Party’s address: __________________________

________________________  Opposing Party’s phone if known: __________________________

Other names by which Opposing Party is Known: __________________________

Income: If your household has no income and no one receives a PFD, initial here ______

If you have any income, including the PFD, list the gross income for all of the above household members:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amt.</th>
<th>per</th>
<th>time period</th>
<th>Expenses other than credit card debt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATAP or TANF</td>
<td></td>
<td></td>
<td></td>
<td>Item</td>
</tr>
<tr>
<td>Adult Public Assistance</td>
<td></td>
<td></td>
<td></td>
<td>Rent/Mortgage</td>
</tr>
<tr>
<td>Wages/Earnings</td>
<td></td>
<td></td>
<td></td>
<td>Child Care</td>
</tr>
<tr>
<td>PFD</td>
<td></td>
<td></td>
<td></td>
<td>Child Support</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td></td>
<td></td>
<td></td>
<td>Medical</td>
</tr>
<tr>
<td>Retirement/pension</td>
<td></td>
<td></td>
<td></td>
<td>Empl. Expenses</td>
</tr>
<tr>
<td>Senior cash benefit</td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s comp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you expect your income to change (check one)?
Yes ______  no ______
If yes, explain: __________________________

Do you have a Medicaid trust? yes ______  no ______

Assets: Do you or any household members have any of the following assets?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>yes</th>
<th>Value/Equity</th>
<th>Amt. Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Saving Accounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cash not in an account</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles Used for Transportation</td>
<td></td>
<td></td>
<td>not needed</td>
<td>not needed</td>
</tr>
<tr>
<td>Other Vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land/house: Indicate if __primary residence, __native allotment or __other restricted property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other than these, provide value/amount owed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal property or other asset not listed above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your household has NO assets, initial here __________

Sign this box only if you are a US citizen:
I am a citizen of the United States: __________________________

Signature __________  Date __________
Your answers to these questions will not affect your eligibility. This information is gathered for data collection and service purposes only.

**Veteran/Military Status:**
Have you ever served in the military, including the Reserves or National Guard? ______
Are you Active Duty military? ______ Are any other household members veterans? ______

**Domestic Violence:**
Have you experienced domestic violence? ______ Is domestic violence involved in this case? ______
What is a safe number and address where you can be contacted?
________________________________________________________________________________

**Crime victim:**
Have you ever been a victim of a crime other than domestic violence? ______

**Disability:**
Please list any physical or mental disabilities_________________________________________________
_________________________________________________
Do you need any kind of accommodations (special help) because of your disability, and if so, please let us know what you need. ___________________________________________________________

**Caregiver Information:**
Do you provide unpaid care for a disabled adult family member or are raising a grandchild? ______
Does someone provide unpaid care for you? _____
If yes to either, please provide the following for that person:
Name ___________________________________ Relationship __________________________ Date of Birth __________

**Housing/Other:**
Type of housing: _______________________________________________________________________
Currently homeless? ______ At risk for homelessness? ______
If your physical address is different from your mailing address, please give it here:
_________________________________________________________________________________
Is your income used to pay rent or mortgage (wholly or in part)? _____________________________
Primary language __________________________________ Interpreter needed? ______
Are any members of the household a different ethnicity than the applicant? If yes, please specify
_________________________________________________________________________________
Who or what agency referred you to ALSC? ________________________________________________

**Legal Problem** -- Briefly describe your legal problem:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

The information provided is accurate to the best of my knowledge: ____________________________

Signature/Date