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.

   **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**

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  |
| 1016 W. 6th Ave., Ste. 200 |
| Anchorage, AK 99501 |
| Phone: 907-272-9431 |
| Fax: 907-279-7417 |
| Email: anchorage@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 ______

(Number 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>per</td>
<td></td>
<td></td>
<td>Rent/Mortgage</td>
</tr>
<tr>
<td>Adult Public Assistance</td>
<td>per</td>
<td></td>
<td></td>
<td>Child Care</td>
</tr>
<tr>
<td>Wages/Earnings</td>
<td>per</td>
<td></td>
<td></td>
<td>Child Support</td>
</tr>
<tr>
<td>PFD</td>
<td>per</td>
<td></td>
<td></td>
<td>Medical</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>per</td>
<td></td>
<td></td>
<td>Empl. Expenses</td>
</tr>
<tr>
<td>Retirement/pension</td>
<td>per</td>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Senior cash benefit</td>
<td>per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s comp</td>
<td>per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>per</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>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>
</tr>
<tr>
<td>Other cash not in an account</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles Used for Transportation</td>
<td>(not needed)</td>
<td>(not needed)</td>
<td></td>
</tr>
<tr>
<td>Other Vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land/house: Indicate if primary residence, native allotment or other restricted property. If other than these, provide value/amount owed</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>
</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