



*Your Pro Bono Helping Hand in Southern Indiana*

## **SOUTHERN INDIANA PRO BONO REFERRALS, INC.**

P. O. Box 94, New Albany, IN 47151 Phone: 812-288-8002 Fax (toll-free): 844-270-1025  
Email: [probono14@sbcglobal.net](mailto:probono14@sbcglobal.net) Website: [www.probono14.org](http://www.probono14.org)

### **Re: Application for Legal Assistance**

Dear Sir/Madam:

- Thank you for applying to Southern Indiana Pro Bono Referrals, Inc. for legal assistance. Please fill out the intake forms and submit in for evaluation.
- SI-PBR's intake forms are for you to return to us.
  - 1) SI-PBR intake application. You **MUST** fill in all the requested information and write a narrative of your situation. **If you do not complete the intake form, or the narrative, the application will be denied. All information provided is confidential.**
  - 2) Signed Memorandum of Understanding. This gives us permission to release your information to a volunteer attorney. **A copy of your valid Driver License/ID must accompany the release.**
  - 3) You need to provide proof of your household income. The items listed on the **"Proof of Income" form are REQUIRED.**
  - 4) You will need to provide **copies of all court orders, rulings, or notifications** in your case.
- You must notify SI-PBR of any change in your household, income, or resources. We **MUST** have current contact information. If we try to contact you and are not successful a reject letter will be sent to the address we have on file.
- SI-PBR is a referral program only; we do not have any attorneys on our staff. We cannot respond to emergencies. It could take us two-three weeks to evaluate your application and gather all the information we require.
- The volunteer attorneys take cases based on SI-PBR's recommendations; they work without pay for our clients and must have the time available in their schedules to take cases.

If you have any questions please call 812-288-8002.

Sincerely,

*Southern Indiana Pro Bono Referrals, Inc.*

Southern Indiana Pro Bono Referrals, Inc.

**Please note we are a referral program only. We have no attorneys on staff. We will refer your case only if there is a legal remedy for your problem, and we have a volunteer attorney available to take your case.**



**REQUIRED**  
**PROOF OF INCOME**

Before SI-BPR can process your application, you must submit your financial information to:

**Southern IN Pro Bono Referrals**  
**PO Box 94**  
**New Albany, IN 47151**  
**Or**  
**Intake2324@sbcglobal.net**

**. Household Income Verification - Please provide copies of:**

- 2 months pay stubs
- 2 months bank statements
- Last years tax return w/all schedules & W2's
- Proof of (child support, disability benefits, unemployment, retirement benefits, alimony, maintenance)
- List of household debts and amounts
- List of household assets of value
- Amount spent on daycare monthly
- Cost of children's healthcare
- If you don't have income **YOU MUST** provide a letter from the person(s) who are paying for your food and giving you a place to stay including their monthly income. If you are in a Shelter a letter from them.
- If you are unemployed an Earnings Statement is required. Send in the release of information form, giving authorization to the Indiana Department of Workforce Development to release wage and benefit history to SI-PBR. **A copy of your valid Driver License/ID must accompany the release to be submitted.**

**PLEASE BE AWARE THAT YOUR CASE CANNOT BE REVIEWED WITHOUT INCOME VERIFICATION.**

We will consider your application withdrawn, if you do not submit the requested financial information.

Sincerely,

*Southern Indiana Pro Bono Referrals, Inc.*

Southern Indiana Pro Bono Referrals, Inc.



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

**RELEASE OF INFORMATION**

NAME OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

Signature of Requestor: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)



# Southern Indiana Pro Bono Referrals, Inc.

## Intake Form (Hoja de Admisión)

Date: \_\_\_\_\_  
(Ingesta Fecha)

Name: \_\_\_\_\_  
(Nombre)

All Prior Names: \_\_\_\_\_  
(Todos los Nombres Anteriores)

Telephone #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
(#Teléfono) (#el celular)

Address: \_\_\_\_\_  
(Dirección)

City/State/Zip: \_\_\_\_\_  
(Ciudad/Estado/Código Postal)

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Fecha de Nacimiento)

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male  
(Genero) (M) (H)

Languages spoken in your household: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_  
(Idioma que se habla en casa) (Inglés) (Español) (otro)

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Widowed  
\_\_\_\_\_ Married Date of Marriage? \_\_\_\_\_  
\_\_\_\_\_ Separated Date of Separation? \_\_\_\_\_  
\_\_\_\_\_ Divorced Date of Divorce? \_\_\_\_\_

Pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you lived in Indiana? \_\_\_\_\_

How long have you lived in this County? \_\_\_\_\_

Referred By: \_\_\_\_\_ Judge: \_\_\_\_\_ Clerk's office  
\_\_\_\_\_ Southern IN Pro Bono Referral \_\_\_\_\_ Indiana Legal Services  
\_\_\_\_\_ The Center For Women & Families \_\_\_\_\_ Other: \_\_\_\_\_

**INCOME:**

Employment: \_\_\_\_ Yes \_\_\_\_ No (We reserve the right to ask for proof of income)

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Gross Check Amount

Check How You Are Paid

Income from Work: \$ \_\_\_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Disability: \$ \_\_\_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Child Support: \$ \_\_\_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Food Stamps: \$ \_\_\_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Other \_\_\_\_\_ : \$ \_\_\_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly \_\_\_ Yearly \_\_\_

Tax Refund Amount: \$ \_\_\_\_\_

Are you current in Child Support? Yes \_\_\_ No \_\_\_ \*If "NO" what is the amount? \$ \_\_\_\_\_

Medicaid Eligible? Yes \_\_\_ No \_\_\_

**ASSETS:**

Residence: \_\_\_\_ Own \_\_\_\_ Rent Monthly Housing Cost: \_\_\_\_\_

Bank Account Balance: \_\_\_\_\_ Savings Account Balance: \_\_\_\_\_

Vehicle(s) and their value: \_\_\_\_\_

401(k) and/or Retirement Accounts (name & balance): \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

Number of Adults in your home: \_\_\_\_ Number of Children in your home (*under 19*): \_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_

**Opposing Party Information:**

Name: \_\_\_\_\_

All Prior Names: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Case Information:**

County of Case: \_\_\_\_\_

- |   | YES | NO  |
|---|-----|-----|
| 1. Current Legal Proceedings                                    |     |     |
| a. Has a case already been filed?                               | ___ | ___ |
| i. If yes, what is/are the case number(s)?                      |     |     |
| _____   |     |     |
| _____   |     |     |
| ii. When is your next court date? _____                         |     |     |
| b. Do you have an attorney?                                     | ___ | ___ |
| i. If yes, who? _____   |     |     |
| c. Does the opposing party have an attorney?                    | ___ | ___ |
| i. If yes, who? _____   |     |     |
| d. Are you required to file something within the next 24 hours? | ___ | ___ |
| 2. Domestic Violence:   |     |     |
| a. Are you the victim of domestic violence?                     | ___ | ___ |
| b. Is there a current Protective Order, temporary or otherwise? | ___ | ___ |
| c. Have you ever been arrested for domestic violence?           | ___ | ___ |
| d. Do you have any felony arrests and/or convictions?           | ___ | ___ |

**Type of Matter:**

- |  |                                |
|--|--------------------------------|
| _____ Petition for Dissolution of Marriage | _____ Petition of Guardianship |
| _____ Petition of Paternity                | _____ Wills/Estates            |
| _____ Modification of Custody              | _____ Landlord/Tenant          |
| _____ Modification of Parenting time       | _____ Collections              |
| _____ Contempt of Parenting Time Order     | _____ Other: _____             |
| _____ Modification of Child Support        |                                |

**Southern Indiana Pro Bono Referrals, Inc.**

**NARRATIVE - INTAKE FORM**

*The narrative is for you to tell the SIPBR the history of the matter and what needs to be done about it.*

*Please write down what your problem is, who is involved, and how it developed.*

**TELL US EVERYTHING ABOUT THIS SITUATION IN THE SPACE PROVIDED BELOW:**

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USE ADDITIONAL SHEET IF NECESSARY



**SOUTHERN INDIANA PRO BONO REFERRALS, INC.**

**MEMORANDUM OF UNDERSTANDING**

I, \_\_\_\_\_, am requesting a referral to a volunteer attorney through the Southern Indiana Pro Bono Referrals, Inc. (SI-PBR) for representation in the following matter:

\_\_\_\_\_

I understand that should a volunteer attorney review my case, their acceptance of my case is purely voluntary on their part. I further understand that SI-PBR is only a referral service and cannot force an attorney to accept my case. It has been made clear to me that I must verify my financial need for assistance before I will even be considered for a referral. I also understand that there are a limited number of volunteers and that I may be put on a waiting list. I also know that I must be truthful and respectful. I must cooperate with the attorney handling my case. Any disrespect or abuse of the attorney/client relationship by me will be cause for my volunteer attorney to withdraw from my case at their discretion.

I also may withdraw my request for assistance at any time. It is understood that I have the responsibility to inform SI-PBR of any change in my income, my household members, or my other resources. I understand that should I become ineligible for services for any reason SI-PBR may withdraw the referral or the volunteer attorney may withdraw from my case.

I hereby authorize Southern Indiana Pro Bono Referrals, Inc. to release records and information pertaining to my case to the volunteer attorney(s).

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

**DECLARATION OF CITIZENSHIP**

I hereby declare that I am a citizen or permanent legal resident of the United States.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

**Mail To: PRO BONO PROGRAM, P. O. BOX 94, NEW ALBANY, IN 47151**