



*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)

### **Regarding your Application for Legal Assistance**

Thank you for applying to Southern Indiana Pro Bono Referrals, Inc. for legal assistance. Please return to us the attached forms and information requested:

- Intake Form, 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.**
- Proof of Income, you need to provide proof of your household income.
- Court orders, rulings, or notifications, and child support worksheets in your case.
- Memorandum of Understanding signed giving us permission to release your information to a volunteer attorney. **A copy of your valid Driver License or State ID must accompany the release.**
- Guidelines signed acknowledging you understand the program parameters.

### **NOTE:**

- 1) Notify us of any change in household income.
- 2) 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.
- 3) We are a referral program only. We do not have attorneys on staff. We are not capable of responding to emergencies. It may take us weeks to evaluate your application depending on receiving information required.
- 4) The volunteer attorneys take cases without pay solely on their availability. Please respect their time.

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 we can process your application, you must submit your financial information to:

**Southern IN Pro Bono Referrals  
PO Box 94  
New Albany, IN 47151  
Or  
Fax: 844-270-1025**

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

- Copy of your valid Driver License/ID
- 2 months pay stubs
- 2 months bank statements
- Last 2 years tax returns w/all schedules & W2's
- All currently ordered Child Support Worksheets.
- Proof of (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.



# Southern Indiana Pro Bono Referrals, Inc.

## Intake Form

Date: \_\_\_\_\_

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

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

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

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

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

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

Date of Birth: \_\_\_\_\_

Gender:     \_\_\_Female     \_\_\_Male

Languages spoken in your household: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

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? \_\_\_\_\_

Are you currently a member of the Armed Forces? \_\_\_\_\_

Are you a veteran?     Yes \_\_\_ No \_\_\_     \*If "YES" years served: \_\_\_\_\_

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: \_\_\_\_\_

	<u>Gross Amount</u>	<u>Circle How Often Are You Paid</u>
Income from Work:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Spouse Income:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Employment Disability:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Social Sec. Disability:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Child Support Received:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Unemployment:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Food Stamps:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly
Other _____:	\$ _____	Weekly, Bi-Weekly, Monthly, Yearly

Are you currently ordered to pay Child Support? Yes \_\_\_ No\_\_\_

*\*If "YES" how much and for whom:*

- \$ \_\_\_\_\_ Child/ren: \_\_\_\_\_
- \$ \_\_\_\_\_ Child/ren: \_\_\_\_\_
- \$ \_\_\_\_\_ Child/ren: \_\_\_\_\_

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

**ASSETS:**

Residence: Own \_\_\_ Rent \_\_\_

Monthly Mortgage/Rent: \$ \_\_\_\_\_

Monthly Utilities Expense: \$ \_\_\_\_\_

Bank Account Balance: \$ \_\_\_\_\_

Savings Account Balance \$ \_\_\_\_\_

Year/ Model of Vehicle(s) and their value:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD MEMBERS:**

Number of Adults residing in your home: \_\_\_\_\_

Number of Children residing in your home fulltime (*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: \_\_\_\_\_

**List of Children that are the subject of this case:**

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Lives with? \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Lives with? \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Lives with? \_\_\_\_\_

▪Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Lives with? \_\_\_\_\_

**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

Name of Attorney: \_\_\_\_\_

**Case Information:**

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

1. Current Legal Proceedings YES NO

a. Has a case/petition 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? \_\_\_\_\_

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**

- **What is your problem?**

- **Who is involved?**

- **What do you want us to do for you?**



**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**





## **Pro Bono Guidelines**

*Please Read Carefully*

### APPLICATION

You need to fill out forms to determine your qualification for services. This paperwork must be filled out **accurately** and **completely**.

Factors used in determining your qualification include: income, the type of legal issue, the merits of your case, and whether we have available volunteers.

If you qualify, we will notify you that your case has been approved to begin the search for a volunteer attorney to handle your case at no charge. We cannot guarantee that a volunteer with the necessary expertise and time will be found. If we are not able to place your case timely for your needs, you may want to proceed by other means. If you hire an attorney, please advise us as soon as possible so that we may close your file.

### RELEASE OF INFORMATION

To place your case with a volunteer attorney, we need to be able to release limited information initially to avoid conflicts. Once a case has been accepted by a volunteer, the remaining information you have provided will be forward to that attorney. By applying for our services and seeking a pro bono attorney, you are agreeing that we may release such information to a pro bono attorney and potential pro bono attorneys as necessary.

### SERVICES TO OPPOSING PARTY

It is possible that the other individual(s) in your case may seek assistance from us. Please be aware that we may take an application from an opposing party in your case. Be assured that all information collected from you will be kept separate and confidential. In the event that we place volunteers with both sides of a case, the volunteer attorney for the opposing party will not have access to any of your information through our services.

### ATTORNEY FEES

If a volunteer accepts your case, the attorney will represent you without charge unless awarded attorney's fees by the court to be paid by the opposing party. If a court awards attorney fees to be paid by the opposing party to your volunteer attorney, your attorney is allowed to accept such fees as ordered.

### COPIES OF DOCUMENTS

Any documents you provide to our office will not be returned to you. Accordingly, please do not leave any original documents with us. We may be able to make copies for you but we have a very limited budget so it is not a guarantee. Please note, copies provided to us will remain part of your file in this office, regardless of our ability provide you with services.

## CLIENT RESPONSIBILITIES

**Filing Fees and Costs:** The court will normally, but not always, waive the filing fees for individuals who qualify for our services. The notable exception is the bankruptcy petition filing fee which is rarely waived. In the event the fees in your case cannot be waived, you will need to be prepared to pay the appropriate filing fee if necessary.

While volunteer attorneys with our program agree to handle cases without charging the clients fees for their work, they are not necessarily agreeing to spend their own money to cover additional costs and expenses in your case. Such costs may include postage, copying charges, service by the Sheriff or certified mail, depositions, Guardian ad Litem fees, or mediation fees. Accordingly, if you are assigned a volunteer, it is very important that you talk with your attorney in your first meeting to reach an agreement about potential costs that may arise in your case.

## COOPERATION WITH YOUR VOLUNTEER ATTORNEY

If you are placed with an attorney, you must cooperate with in prosecution and/or defense of your case. You must keep all scheduled appointments and be prompt, courteous and prepared. **Do not bring your children to meetings with your attorney.**

Do not report anything about your case to any “social media” sites you may belong to, or send any information about your case through texting or e-mail, etc. (except to your attorney from a private email address). Opposing parties, their attorneys, and representatives routinely monitor such sites and seek e-mail and text addresses of claimants to obtain information, and can subpoena such information directly from the service providers. Not only could you damage your case, but any “friend” on your site could be forced to become a witness and discuss all conversations they ever had with you. ***Please take this warning seriously.***

When your case is completed, your attorney will withdraw from further representation and will is not required to appeal a court decision on a pro bono basis.

**An attorney assigned to you is strictly a volunteer and is not obligated by any rule of law to represent you without charge. The attorney has agreed to provide you with a consultation but there is no guarantee that he or she will negotiate or litigate your matter to conclusion; that decision is left to the attorney’s professional judgment. The attorney is not employed by or otherwise associated with Southern Indiana Pro Bono Referrals or any of the Self-Service Legal Centers, other than volunteering to assist you with your specific legal problem for a limited time without charge.**

**PLEASE NOTE: WE WILL CLOSE YOUR CASE IMMEDIATELY, if:**

- 1) You misrepresent information in your application;
- 2) You fail to show for scheduled appointments; or
- 3) You don’t cooperate with your attorney.

Failure to cooperate is grounds for your attorney to withdraw from your case and you will no longer be eligible for further assistance.

## REPORTING NEW INFORMATION

Notify our office immediately if you change addresses or contact information prior to placement with an attorney. If we cannot locate you, we will have to close your case.

Once approved and until you are placed with a volunteer attorney, you must keep our office notified of any significant developments in your case (i.e. if you are served with a court paperwork or a court date is set in your case).

Until you are placed with an attorney, you must inform us of any household income changes to keep your application updated. We reserve the right to inquire further into your financial situation.

I hereby acknowledge that I have read and understand the above policies and have received a copy of the same.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)