



PRO BONO INDIANA, INC.

SO. INDIANA PRO BONO REFERRALS

PO Box 94, New Albany, Indiana 47151 · (812) 288-8002 · Fax (844) 270-1025

sipbr@probonoindiana.org · www.probono14.org

To apply you must return the attached forms and requested information:

1. Application
2. Intake Form **All information provided will be held confidentially.**
3. Proof of Income, you need to provide proof of your household income.
4. Court orders, rulings, or notifications handed down in your case, including child support worksheets, if any.
5. Memorandum of Understanding - signed granting permission to release your information to a volunteer attorney or designated legal aid referral.
6. **A copy of your valid Driver License or State ID.**
7. Guidelines signed acknowledging you understand the limitations of this program.

NOTE:

- 1) You must notify us of any change in household income.
- 2) Current contact information is vital. Unsuccessful attempts to contact you will result in a rejection of your application. Email addresses are helpful.
- 3) We are a referral program only. We cannot respond to emergencies because it can take weeks to process your application. Much depends on receiving the required and/or requested information.
- 4) Volunteer attorneys take cases without pay at their discretion and their time must be respected or withdrawals may occur.

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

Sincerely,

Southern Indiana Pro Bono Referrals

Southern Indiana Pro Bono Referrals

Please note we are a referral program only if there is a legal remedy for your problem, and a volunteer attorney is willing to accept your case.



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APPLICATION

This application cannot be processed until all questions in red are completed in full.

Fill in as much information as you can on all forms.

Date: _____

Name: _____

All Prior Names: _____

Telephone #: _____ (☐safe) Cell#: _____ (☐safe)

Address: _____

City/State/Zip: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

Race: _____ Gender: _____

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
 _____ SouthernINProBonoReferral _____ Indiana Legal Services
 _____ TheCenterForWomen&Families _____ Other: _____

INCOME:

Employment: Yes__ No__

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__

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: _____

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Relationship: _____
Age: _____ Date of Birth: _____
Monthly Income: _____
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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: *(Who is or will be on the other side if your case?)*

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: _____

- | | YES | NO |
|---|-------|-------|
| 1. Current Legal Proceedings | | |
| 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

NARRATIVE - INTAKE FORM

- **What is your problem?**

- **Who is involved?**

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

USE ADDITIONAL SHEET IF NECESSARY



SOUTHERN INDIANA PRO BONO REFERRALS

MEMORANDUM OF UNDERSTANDING

I, _____, am requesting a referral to a volunteer attorney through the Southern Indiana Pro Bono Referrals (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 to release records and information pertaining to my case to the volunteer attorney(s) or legal aid provider that accepts my case after a conflict check.

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

This application must be filled out **accurately** and **completely** to determine if you qualify for our services.

We will consider many factors, including your income and whether your legal issue actually requires the assistance of an attorney by examining the merits of your case among other factors.

If you qualify, we will notify you that your case has been accepted and the search for a volunteer pro bono (free) attorney has begun. We cannot guarantee that an attorney will volunteer. If no volunteer has come forward within 90 days, you will be notified that your application may be closed. In the meantime, should you decide you do not need a volunteer attorney, please notify our office immediately.

RELEASE OF INFORMATION

In order to refer your case to a volunteer attorney, some of your information needs to be shared with a potential volunteer to do a conflict check. Once a volunteer has determined that there is no conflict and accepts your case, all the information you have provided will be forwarded to the volunteer. By applying for our services in seeking a volunteer attorney, you agree to the release of your information to an attorney as necessary.

ATTORNEY FEES

If you are eligible for a referral, your assigned attorney will represent you pro bono (without charge) unless the court orders the other party to pay your attorney fees. If the court orders the other party to pay your attorney fees, the volunteer may demand and retain such fees or donate those fees to Southern Indiana Pro Bono Referrals.

COPIES OF DOCUMENTS

Do not provide originals to our office as any documents you will not be returned to you. Copies provided to us will remain in your file whether we are able to provide you with services or not. Be assured all your information will be kept confidentially.

CLIENT RESPONSIBILITIES

Filing Fees and Costs: The court may, but not always, waive filing fees for individuals who qualify financially for our services. A 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 pay the appropriate filing fee up front.

Volunteer attorneys who to accept cases without charging fees for their work are not agreeing to pay out of their own pocket for the court costs or expenses in your case. You are ultimately responsible for all costs and expenses of your case. Should you be assigned to a volunteer attorney, you must discuss such fees and

expenses with the volunteer attorney at your first meeting about potential costs that may arise in your case.

COOPERATION WITH YOUR PRO BONO ATTORNEY

An attorney referred to you is strictly a volunteer and is not obligated by rule of law to represent you without charge. The attorney has agreed to provide you with a consultation. After the consultation the volunteer will decide whether to accept your case or not. The volunteer attorney is not employed by or otherwise associated with this Pro Bono Referral Program.

You must cooperate with your attorney in developing your case by keeping all scheduled appointments and being prompt, courteous and prepared. **Do not bring your children to meetings with your attorney.**

Do not post anything about your case to any “social media” sites or send any information about your case by texting or e-mail, etc. (except to your attorney, since that is privileged information). Such “postings”, texts and e-mails can be subpoenaed directly from the social media sites. You could damage your case and force your “friend” to become a witness to discuss all the conversations they have ever had with you. ***Please take this warning seriously.***

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

YOUR CASE WILL BE CLOSED 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 the attorney to withdraw from your case making you ineligible for any further assistance by this program.

REPORTING NEW INFORMATION

If you change your address or telephone number, you must notify our office. If we cannot locate you because you moved and/or changed your telephone number and did not notify us, we will have to close your case.

If you are accepted into our Program, while awaiting placement with a pro bono attorney, you must keep our office updated regarding significant developments in your case (i.e. if you are served with a motion or find out something has been scheduled in your case).

While your case is open, you must inform the Pro Bono Program in writing if your income changes from what it was at the time you first applied. If your new income exceeds our guidelines, you will be declared ineligible for pro bono services and your attorney may be permitted to charge his/her normal hourly rate, starting when you became ineligible. We reserve the right to inquire 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)



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
Fax: 844-270-1025**

Household Income Verification - Please provide copies of:

- 2 months pay stubs
- Last 2 months bank statements
- Last tax return filed w/all schedules & W2's
- Proof of child support, disability benefits, unemployment, retirement benefits, alimony, maintenance, SSI.
- 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.
- Copy of your valid Driver License or Stated Identification

**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
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