



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 Website: 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.

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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.

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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.

Signature of Requestor: _____

Requesting Agency: _____

Fax Number: _____

Phone Number: _____

For questions email EmployVerification@dwd.IN.gov or call 317-233-2696.



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: _____

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Relationship: _____
Age: ____ Date of Birth: _____
Monthly Income: _____
Income Source: _____

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▪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:

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