

Legal Aid Foundation of the Tallahassee Bar Association
Rules and Procedures for Retaining a Legal Aid Attorney:

The Legal Aid Foundation is a private, non-profit organization that serves the residents of Leon County who cannot afford legal representation. Please read the directions below before submitting your final application. These directions will help you gather what you need in order to submit an application with our office in order to qualify for legal representation. Our office **will not** accept partially completed applications; only when all the criteria listed below is met will we accept an application for review. The application is attached to this sheet.

1. Please do not leave anything on the application blank. If there are sections that do not apply to you, then please mark it with "N/A" or "0." We will question any blanks that are left on the application.
2. Attached to the application is a short financial affidavit you must complete so that we may determine if you are eligible for our services. If you are currently working we **will not** accept an application without a copy of your 3 most current pay stubs **from all jobs** and a copy of last year's W-2.
3. If you are not working, but still receiving **any kind** of income or assistance (SSI, Child support, any support from family, Food stamps) the monthly allowance must be recorded on the application along with stub or receipts.
4. **Failure to disclose anything (assets, income) that you are currently receiving will result in the immediate and automatic disqualification of your eligibility for our services.**
5. You may **only** apply for **ONE** civil issue at a time. If you have more than one issue you will need to schedule more than one appointment. If you are a returning/ previous client then your previous issue must be a different one or the case has to have been closed by your attorney through our office for at least one calendar year.
6. If you are applying for help with a divorce ***you must request a divorce package from us*** once you submit your application. You **must** fill out as much as possible by the time you meet with your attorney.
7. If you are not immediately scheduled for an appointment, but do qualify, you will be put on our waiting list. It is **YOUR** responsibility to keep in touch with us for scheduling an appointment. If we do not hear from you or are unable to contact you, we may remove you from the waiting list. ***You must check in with our office regularly*** (by phone).
8. Once you are scheduled for an appointment, if you are late without notifying us, you may lose your appointment and might not be rescheduled, depending on the circumstances (medical/hospitalization, family emergencies are acceptable, but we must be notified as soon as possible).
9. If you miss your appointment without notifying us ahead of time, you will be marked as a "no show" and will not be rescheduled. (Once again exceptions are medical emergencies or family emergencies but you must notify us as soon as possible).
10. Please do not to bring any children to your appointment with your attorney.
11. Remember, the attorney that you are meeting with is volunteering their time for you as a free service.
12. Once you have met with your assigned attorney for the first time **it will be your responsibility to keep in contact with the attorney. If your attorney cannot get into contact with you, he/she will drop your case and you will not be reassigned to another attorney.**

Please sign stating that you have read and understand these rules and procedures:

****For Office Use Only****

Application Intake Date _____

Case #: 12-0018 _____

Appointment Date: _____

Appointment Time: _____

Notes:

Legal Aid Foundation of the Tallahassee Bar Association
PLEASE FILL IN ALL THE BLANKS

Name: _____
FIRST MI LAST

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Other Phone: _____

Spouse's Name: _____

Gender: MALE FEMALE Age: _____ Birth Date: _____ Social Security #: _____

Email Address: _____

How long have you lived in Leon County? _____

IS THIS A LEON COUNTY CASE? (Circle one) YES NO **Are You Disabled? (Circle one)** YES NO

Case Number (If already filed): _____ **Are You a Veteran? (Circle one)** YES NO

Your Marital Status: (Circle one) SINGLE MARRIED DIVORCED WIDOWED SEPARATED

Race: BLACK WHITE HISPANIC NATIVE AMERICAN ASIAN OTHER: _____

Number of People in Household (including yourself):

ADULTS: _____ # CHILDREN _____ # CHILDREN INVOLVED IN YOUR CASE: _____

What Are You Here To See An Attorney About? _____

Have you used Legal Aid or Legal Services of North Florida before today? (Circle one)

If yes to above, what was the issue? _____

Can you be claimed on someone else's income taxes? (Circle one) YES NO

How did you hear about Legal Aid? (Circle one) FRIEND FAMILY BROCHURE/ NEWSPAPER

THE FLORIDA BAR THE YELLOW PAGES THE TALKING PHONE BOOK ATTORNEY'S OFFICE

Telephone \$ _____
Food \$ _____
Maintenance/Repairs \$ _____

D. OTHER EXPENSES NOT LISTED ABOVE:

Clothing \$ _____
Medical/Dental (uninsured) \$ _____
Grooming \$ _____
Entertainment \$ _____
Gifts \$ _____
Religious organizations \$ _____
Miscellaneous \$ _____
Child Support Payments \$ _____

B. AUTOMOBILE EXPENSES:

Gasoline \$ _____
Repairs \$ _____
Insurance \$ _____

C. CHILD(REN)'S EXPENSES:

Day care \$ _____
Lunch money \$ _____
Clothing \$ _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Printed Name: _____

Please return your application to:

Legal Aid Foundation
Leon County Courthouse
301 S. Monroe Street, #108
Tallahassee, FL 32301
850/222-3292 ext. 2 phone

You may also fax your application to: 850/222-3864. Please call to confirm receipt.

Your application will not be processed until you call to confirm receipt.