

## Whitewater Valley Pro Bono Commission Application

**Before you start application: If you do not have all of the information needed please get it before you turn your application in.**

**If you do not understand a question or need assistance filling application out, please ask. Applications that are not filled out completely will not be considered.**

Name \_\_\_\_\_ Any Prior Names \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City, State, /Zip \_\_\_\_\_ Phone: \_\_\_\_\_

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

How long have you lived in Wayne County? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

**OTHER PERSON(S) INFORMATION: YOU MUST HAVE THIS INFORMATION TO PROCEED**

Other person involved \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Have you or the other person involved in this case ever called the Whitewater Valley Pro Bono Commission before?

\_\_\_\_\_ Why? \_\_\_\_\_

**Income Information Is Necessary To Decide If You qualify For a Pro Bono Attorney. We Reserve The Right To Ask For Proof Of Income.**

If you get paid hourly work and do not get paid the same amount of hours each week, figure an AVERAGE weekly salary based on a three-month period. To average your income, add all of the monies you get you have earned per week and divide by 12 weeks. How much is your WEEKLY income in dollars and cents before taxes are taken out. \$ \_\_\_\_\_

If Married, Spouses Income	\$ _____	Social Security Income	\$ _____
Child Support	\$ _____	Social Security Disability	\$ _____
Food Stamps	\$ _____	Supplemental Security Income	\$ _____
Temporary Assistance	\$ _____	Other Source	\$ _____
Other Source	\$ _____	Other Source	\$ _____

**(Add up all of the monies you have entered above for the total Weekly Gross Income)** \$ \_\_\_\_\_ Other source is any other income. For example, if you are not married but have a Significant Other earning wages while living with you, you must include that income above. Another example is if a family member or friend is giving money to assist you with the monies must be included.

Even the income earned

### ASSETS

Cash	Checking	House	Auto 1	Other
Savings	Pension	Other realty	Auto 2	Other

## Household

How many people do you support? \_\_\_\_\_ Ages of children in household \_\_\_\_\_

Who lives in the household? \_\_\_\_\_

**Is there a case already in the Court System?**

- a) If so, is there a Court Order? yes \_\_\_ no \_\_\_
- b) If Yes, please provide a copy of the Court Documents for the Attorney to review.
- c) When is the next Court Date \_\_\_\_\_
- d) (Please be aware that Court dates you have within a week to two week period after you turn in your application this office may not provide you with representation, as the attorney needs time to prepare)

County of Case \_\_\_\_\_ Case filed by: \_\_\_\_\_ Cause No. \_\_\_\_\_

Opposing Attorney \_\_\_\_\_

***If you do not have the court paperwork or CCS:***

**\*The Chronological Case Summary (CCS) is the procedural history for the attorney to review. This may be obtained at the Clerk's Office on the 2<sup>nd</sup> floor of the Wayne County Courthouse for \$1.00 a page. This will assist the attorney in reviewing the case information. Also a copy of the most CURRENT Court Order should also be provided. These are required IF there has already been a case filed, regardless of which party has filed the case. Without this information, there will be a delay in the application evaluation.**

***IF we do not receive any requested documents within ten days of request, we will deny application***

**What type of case does this involve? (Check mark what issues are involved)**

- e) Family Law issue?
  - i) Divorce? \_\_\_\_\_
  - ii) Child Custody Issue? \_\_\_\_\_
  - iii) Support? \_\_\_\_\_
  - iv) Visitation? \_\_\_\_\_
  - v) Guardianship? \_\_\_\_\_
  - vi) Power of Attorney? \_\_\_\_\_
  - vii) Will, living will? \_\_\_\_\_
  - viii) Adoption? \_\_\_\_\_
- f) Landlord/Tenant Dispute?
  - i) Security Deposit? \_\_\_\_\_
  - ii) Eviction? \_\_\_\_\_
  - iii) Specific Performance (Maintenance repairs) \_\_\_\_\_
- g) Breach of Contract? \_\_\_\_\_
- h) Social Security Issue? \_\_\_\_\_
- i) Financial Issues?
  - i) Mortgage Foreclosure? \_\_\_\_\_
  - ii) Credit Card Debt? \_\_\_\_\_
  - iii) Other \_\_\_\_\_
- j) Protective/Restraining Order? \_\_\_\_\_
- k) Unemployment Issue? \_\_\_\_\_
- l) Vehicle Issue?
  - i) Hardship License? \_\_\_\_\_
  - ii) Insurance? \_\_\_\_\_
  - iii) Vehicle Accident? \_\_\_\_\_

**Mail or Fax this document to the following address:**

***You must fill out this Application Completely.  
If any portion of your application is left Blank  
You will not be considered for assistance  
from the Attorney.***

***Whitewater Valley Pro Bono Commission  
50 North 5<sup>th</sup> Street  
Richmond, IN 47374  
Phone (765)-983-7353  
FAX (888) 249-2941***

**Please write a short explanation of why you need an attorney**