

Northwest Louisiana Pro Bono Project

Application for free legal assistance

Name: _____			
Address _____	City _____	State _____	Zip Code _____
Phone: _____		Alternate Phone #: _____	

Social information:

Gender: Male Female

Age: _____

Ethnicity: _____

Last four digits of Social Security number: _____

Marital Status: Married Divorced Single Widowed Widower

Educational level attained: College (4 3 2 1) High School (12 11 10 9
Grade School 8 7 6 less than 6 Technical School: _____

Employment: Full time Part time Unemployed Retired Retired

Employer: _____ Position: _____

List **NAME, AGE, RELATIONSHIP and GROSS INCOME** for each household member; use back of paper if more than five additional household members.

	NAME	AGE	RELATIONSHIP	GROSS INCOME
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Financial Status:

Client Income: _____ Weekly Monthly Yearly Checking Acct _____

Spouse's Income: _____ Weekly Monthly Yearly Saving Acct _____

Other income (All sources, all household members) SSI _____ FOOD STAMPS: _____

WELFARE _____ SOCIAL SECURITY: _____

TOTAL INCOME MONTHLY INCOME: _____

Value of Assets:

HOUSE _____ MORTGAGE _____ RENTAL PROPERTY OWNED _____

OTHER PROPERTY _____ BROKERAGE ACCOUNTS _____ IRA'S _____

CAR _____ YEAR _____ MODEL _____

Expenses:

Rent or mortgage: _____ Transportation: _____

Utilities: _____ Miscellaneous: _____

Medical _____ Child Support: _____

Childcare: _____

Food: _____ Total Expenses: _____

Have you ever been convicted of a felony Yes No

If yes, what were the charges? _____

RETURN APPLICATION TO: **NORTHWEST LOUISIANA PRO BONO PROJECT**
P.O. BOX 470
SHREVEPORT, LA 71162
Via Fax: 318-221-2205

ANSWER ALL QUESTIONS FULLY

IF INFORMATION IS LEFT BLANK WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.

NORTHWEST LOUISIANA PRO BONO PROJECT

CLIENT RETAINER AGREEMENT

1. I understand that although the attorney will not charge me for his legal services, *I am responsible for any and all court costs, witness fees, and incidental expenses incurred by the attorney in processing my case, etc.* If you cannot pay a filing fee, your attorney may submit an In Forma Pauperis (IFP) application with your petition that the judge may or may not approve, if it is approved your petition may be filed without *pre-payment* of the filing fee. You will still owe the court the filling fee. If the judge does *not* approve the IFP, then you must pay the filing fee before the clerk of court will accept your petition.
2. I understand that my failure to keep an appointment with an attorney will jeopardize my ability to receive services from the Pro Bono Project. It is very important that I keep **ALL** appointments with my attorney.
3. I will notify the Pro Bono Project and my attorney of **any change in my income or financial situation.** I understand that if I fail to do this it will affect my ability to receive services.
4. I understand that I must reside in **CADDO or BOSSIER PARISH** as long as I am receiving services from the project.
5. I agree to waive the client-attorney confidentiality privilege with any potential Pro Bono Project volunteer attorney who has interviewed me to discuss all issues related to my case with Pro Bono Project staff.

I have read and I understand the above agreement. I certify that all information I have given, including my income and assets, is correct. I will abide by this agreement.

Client Signature

Date