

# Southwest Montana Legal Services

## Application for Assistance

*\*All sections must be complete. Proof of all household income is required. Additional documentation may be required.*

Applicant Personal Information			
Name of Applicant (First, MI, Last)	Date of Birth (DD-MM-YYYY)		
Street Address	Mailing Address		
City, State, Zip	City, State, Zip		
Primary Phone (    )	Additional Phone (    )		
How would like to receive your mail? <input type="checkbox"/> Mail/Postal <input type="checkbox"/> Email	Email Address		
Social Security Number	How did you hear about us (e.g., Newspaper, Facebook)?		
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, what language?			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Race (optional) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> White, non-Hispanic or Latino </div> <div> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Black or African American  <input type="checkbox"/> White, Hispanic or Latino </div> </div>			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Name(s) of <b>ALL</b> Other Persons Living in Household	Relationship	Total # in Household	
		Total # Dependents	
<b>Income</b>			
Proof of <b>ALL</b> household income is required. You must provide documentation for all household members (excluding roommates) with paystubs, monthly bank statements, unemployment, food stamp/SNAP, TANF, Social Security, SSI, SSDI, Worker's Compensation, Pension/Retirement, Financial Aid Benefit statements, etc. If you have no documentation, you must provide a written explanation.			
We <u>cannot</u> process an application with all zeros. If you are completing this application with no income or benefits, you must explain your circumstances with a written explanation for review.			
<b>I. Gross Monthly Income</b>	<b>Amount</b>	<b>II. Monthly Expenses</b>	<b>Amount</b>
Applicant Gross Wages	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$
Applicant Employer Name/School	-----	Utilities (Gas, Electric, etc.)	\$
	-----	Phone	\$
Spouse/Significant Other	\$	Food	\$
Spouse Employer Name/School	-----	Child Care	\$
	-----	Vehicle Loan Payment	\$
Parents (if same household)	\$	Gas (Vehicle)	\$
Other Household Members	\$	Payroll Taxes Withheld	\$
Self-Employment	\$	Garnishment	\$

I. Gross Monthly Income (cont.)		Amount	II. Monthly Expenses (cont.)		Amount
Food Stamps/SNAP		\$	Child Support Paid		\$
<input type="checkbox"/> TANF <input type="checkbox"/> WIC		\$	Health Insurance		\$
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI		\$	Vehicle Insurance		\$
Vet Benefits/ %Disability		\$	Cable, Satellite, Internet		\$
Unemployment		\$	<b>Other Liabilities</b>	<b>Total Debt</b>	<b>Payment</b>
Worker's Compensation		\$	Medical	\$	\$
Pension/Retirement		\$	<input type="checkbox"/> Collections <input type="checkbox"/> Liens	\$	\$
Child Support Received		\$	Court Fees/Fines	\$	\$
Rental Income		\$	Credit Cards	\$	\$
Other Income: _____		\$	Other: _____	\$	\$
<i>Office Use Only:</i> <b>Total Monthly Income</b>		\$	<i>Office Use Only:</i> <b>Total Expense/Liability</b>	\$	\$
<b>III. Assets</b>					
<b>a. Real Estate</b>					
Address(es) of Real Estate Owned		Value	Mortgage	Equity	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>b. Motor Vehicles, Motorcycles, ATVs, Boats, Trailers, etc.</b>					
Year/Make/Model	Amount Owed		Net Value		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
<b>c. Other</b>					
Cash on Hand		\$			
Checking Account(s)		\$			
Savings Account(s)		\$			
Business Account(s)		\$			
Personal Property		\$			
Sporting Equipment		\$			
Stocks/Bonds/Funds/Trusts/CDs		\$			
Tools		\$			
Animals/Livestock		\$			
<i>Office Use Only:</i> <b>Total Assets</b>		\$			
<b>Case Information</b>					
<b>What type of problem do you need assistance with? (check all that apply)</b>					
<b>Civil</b>			<b>Criminal</b>		
<input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Decree Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Delinquency and Neglect <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Conservatorship <input type="checkbox"/> Orders to Show Cause <input type="checkbox"/> Guardianship <input type="checkbox"/> Order of Protection <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Evictions <input type="checkbox"/> Other			<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Revocation <input type="checkbox"/> Expungement <input type="checkbox"/> Registry Removal <input type="checkbox"/> Other:		
Do you currently have an attorney helping you with this problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>What Court is your case in? (check all that apply)</b>				
Silver Bow County			Beaverhead County	
<input type="checkbox"/> City Court <input type="checkbox"/> Justice Court <input type="checkbox"/> District Court			<input type="checkbox"/> City Court <input type="checkbox"/> Justice Court <input type="checkbox"/> District Court	
Anaconda/Deer Lodge County			Powell County	
<input type="checkbox"/> Justice Court <input type="checkbox"/> District Court			<input type="checkbox"/> Justice Court <input type="checkbox"/> District Court	
Granite County			Madison County	
<input type="checkbox"/> Phillipsburg City Court <input type="checkbox"/> Phillipsburg Justice Court <input type="checkbox"/> Phillipsburg District Court			<input type="checkbox"/> Justice Court <input type="checkbox"/> District Court	
<b>Hearings and Deadlines</b>				
Have you been served with court documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what date were you served with papers?				
Are there any deadlines that you know of? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the deadline?				
Is there a hearing scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the date and time of the hearing?				
<b>Other Party Information:</b> Provide the following information about the other person, agency, or potential co-defendant and/or alleged victim in your case. For example, in a divorce, that person would be your spouse; for a custody case, that could be the other parent or a guardian; for a criminal case, that would be any potential co-defendant and/or alleged victim.				
Full Name of Other Person, Agency or Co-defendant/alleged victim			Aliases Other Party Has Gone By	
Other Party's Address				
Other Party's SSN: XXX-XX-			Other Party's DOB:    /    /	
Does the other party have an attorney helping them with this problem? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>I, _____, the applicant, have read and completed the foregoing application and know the contents therein. The matters, facts, and things therein are true and accurate to the best of my knowledge and belief. I understand if Southwest Montana Legal Services accepts to represent me in this matter, I am obligated to report any changes in my financial status throughout the period of representation.</p> <p>I understand that I will be contacted by Southwest Montana Legal Services regarding whether it can accept my case for representation. Completing this application <b>DOES NOT</b> mean that I am represented by an attorney at Southwest Montana Legal Services. I am responsible for all pending case matters, filings, deadlines, hearings, etc. until I am represented by an attorney.</p>				
Signature of Applicant		Date		Witnessed By
				Date
<i>Office Use Only:</i>				
<b>APPROVED:</b> (must check all)	<input type="checkbox"/> Income	<input type="checkbox"/> Verification/Documentation received	<input type="checkbox"/> No Conflict	<input type="checkbox"/> Consultation Scheduled
<b>DENIED:</b> (must check >1)	<input type="checkbox"/> Income Ineligible	<input type="checkbox"/> Failure to Provide Requested Documentation	<input type="checkbox"/> Conflict	<input type="checkbox"/> Denial Letter Sent
Eligibility Technician Signature		Date		Verified By
				Date

