Application for Pro Bono Services

Complete the application to the best of your ability. While the information you provide in this application is private and we will not share without your permission, please do NOT include confidential information about your case.

Applicant Information:		
First name:	Middle:	Last:
Other names you have gone by:		Year of birth:
Mailing address:		
City:	State: Zip Co	de:
Safe to send you mail at the address ab	ove? \square Yes \square No	
Daytime number:	Other daytime number:	:
Is it safe to call you at the phone number	er above?	
E-mail address:		
NAVIgate to use of sought one do you would be	المراوس خوطخ الورياد والم / 2 طخنيي وا	
What type of problem do you need he		
Please Note: We do <u>NOT</u> take the follow malpractice or personal injury), collection		ise, civil lawsuits (like medical
☐ Custody/Parenting	☐ Elder Abuse	\square Landlord/tenant issues
☐ Divorce	☐ Guardianship	☐ Will/Estates
\square Order of Protection	☐ Power of Attorney	
☐ Other:		
 Other Party Information: Who are the other people or agencies/businesses involved in this matter? For a divorce, the other party would be your spouse. For a guardianship, the other parties would be the person needing guardianship, anyone contesting the guardianship like natural parents or grandparents, etc. For housing, it would be the landlord and/or the property management group. For an order of protection, it would be the subject of the order of protection and all parties to be covered by the order of protection. 		
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Hearings and Deadlines: (circle yes or no)			
What county/state is this action in?			
What court: ☐ District Court ☐ Municipal/City Court ☐ Justice Court			
Has anything been filed by you or the other party(ies) in court yet?			
\square No (if no, skip the rest of this section) \square Yes (if yes, complete the rest of this section)			
Have you been served with court documents? ☐ No ☐ Yes, on (list the date):			
Is there any <u>hearing or conference</u> scheduled, or other deadlines that you know of?			
☐ No ☐ I don't know/I'm not sure			
\square Yes—List the date and what is scheduled, what the deadline is, etc.:			
Please be aware that there are strict deadlines for filing any lawsuit. If you wait too long to file your claim, lawsuit, or answer a lawsuit, your case will be dismissed. For that reason, it's important not to wait too long to consult with an attorney.			
Financial Qualification:			
Most of our pro bono legal services are available only for people whose household income is at or below 200% of the Federal Poverty Guidelines and with very limited assets.			
How many adults in your household? How many children?			
What is your gross monthly or yearly income and occupation?			
What is the <u>combined</u> gross monthly or yearly <u>income</u> (from ALL sources) for you, your spouse or significant other, and all other adults residing in the household?			
and all other adults residing in the household?			
and all other adults residing in the household? Does your household receive any of these benefits? Food stamps TANF			
and all other adults residing in the household? Does your household receive any of these benefits? □ Food stamps □ TANF □ LIEAP (energy assistance) □ SSI or SSDI − Amount \$ What other income do you receive (include any pensions, retirement, child support, dividends, interest, rental			
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Mail or fax this form to Crowley Fleck, PLLP: Fax: 406-256-0277 Mailing Address: Crowley Fleck, PLLP / Attn: Pro Bono Program / 490 North 31st Street, Suite 505 / Billings, MT 59101 Email Address: prbono@crowleyfleck.com