

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.

How did you hear about our program?

- | | |
|---|--|
| <input type="checkbox"/> Online | <input type="checkbox"/> APS or other elder abuse agency |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Self Help Law Center |
| <input type="checkbox"/> Court Staff | <input type="checkbox"/> Other attorney or law firm |
| <input type="checkbox"/> AWARE, STEP or other disability agency | <input type="checkbox"/> Former client of Crowley |
| <input type="checkbox"/> Other: _____ | |

What type of problem do you need help with? (check all that apply)

Please Note: We do NOT take the following types of cases: Criminal, CPS defense, civil lawsuits like medical malpractice or personal injury, help with collections, or bankruptcy.

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Custody/Parenting | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Landlord/tenant issues |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Will/Estates |
| <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Other: _____ | |

Applicant Information:

First name: _____ Middle: _____ Last: _____

Other names you have gone by: _____

Year of birth: _____

Other Party Information: Provide the following information about the other person, agency, or business in your case. For example, in a divorce that person would be your spouse. For custody, that would be another parent or guardian. For housing, it would be your landlord.

Full name of person, agency, or business:

Different names the other party has gone by:

Other party year of birth: _____

Applicant Contact Information:

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Safe to send you mail at the address above? Yes No

Daytime number: _____ Other daytime number: _____

Is it safe to call you at the phone number above? Yes No

E-mail address: _____

Hearings and Deadlines: (circle yes or no)

What court and what county is this action in? _____

Have you been served with court documents? Yes No

If yes, what date were you served with papers? _____

Did you file an answer to the petition/complaint/motion? Yes No

Are there any deadlines that you know of? Yes No

If yes, what is the deadline? _____

Is there a hearing scheduled? Yes No

If yes, what is the date and time of the hearing? _____

Please be aware that there are strict time deadlines for filing any lawsuit. If you wait too long to file your claim or lawsuit, your case will be dismissed. For that reason, it's important not to wait too long to consult with an attorney.

Financial Qualification:

I receive: SSI Food stamps TANF (Welfare) Medicaid

AND/OR

The **gross** monthly income **for all household members** (before deduction for taxes) **that I support or who help support me is less than listed in the table below.** This includes all sources of income (such as child support, benefits, unemployment, dividends, interest, business rental income, etc.).

Family Size	Family Income						
1	\$2,082	3	\$3,555	5	\$5,028	7	\$6,502
2	\$2,818	4	\$4,292	6	\$5,765	8	\$7,238

Mail or fax this form to Crowley Fleck, PLLP: Our fax number is: 406-256-0277 Our mailing address is: Crowley Fleck, PLLP / Attn: Pro Bono Program / 490 North 31st Street, Suite 505 / Billings, MT 59101 Our email address is: prbono@crowleyfleck.com