

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 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: _____

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), collections, or bankruptcy.

Custody/Parenting Elder Abuse Landlord/tenant issues

Divorce Guardianship Will/Estates

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.

Full name of other parties and what their relationship is (are they the spouse, landlord, person needing guardian, person contesting guardianship, current guardian, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____

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 500 / Billings, MT 59101 **Email Address:** prbono@crowleyfleck.com

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?

No (if no, skip the rest of this section) 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 hearing or conference scheduled, or other deadlines that you know of?

No I don't know/I'm not sure

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 combined gross monthly or yearly income (from ALL sources) for you, your spouse or significant other, 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 income, settlement payments, etc.)? _____

Please list any assets you have, such as a business, property, or any other high valued asset, whether it is currently generating income or not: _____

How did you hear about our program? (ex. Court, client, self-help center, online, legal services, attorney, law firm)
