

Client #: _____ ☐ Interpreter Needed? _____ Legal Fair Date: _____
Check the box if you need an interpreter **Attending:** ☐ By telephone



Legal Fair/Clinic Application

Please complete the application to best of your ability. If a question does not apply to you, please put "N/A".

****The information you provide is kept strictly confidential.****

Full Legal Name: _____ Date of Birth: _____

Former Name/Aliases: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

If we need to reach you, please check if it's safe to: ☐ Leave a voicemail ☐ Send a text ☐ Send email

LEGAL ISSUE. What type of problem can we help you with? Check the box you think best describes your situation:

- | | | |
|---|---|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Divorce w/ minor children | <input type="checkbox"/> Guardianship/Conservatorship (Adult) | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Divorce w/o minor children | <input type="checkbox"/> Employment | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Contract | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Custody/ Visitation | <input type="checkbox"/> Debt | <input type="checkbox"/> Will/Health Care Directive/POA |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Consumer | <input type="checkbox"/> Expungement |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Real ID |
| <input type="checkbox"/> Kinship Guardianship (Minor) | <input type="checkbox"/> Property | <input type="checkbox"/> Other: _____ |

Is CYFD involved? ☐ Yes ☐ No Are you a current victim of domestic violence? ☐ Yes ☐ No

Briefly Describe Your Legal Issue or Problem _____

OPPOSING PARTY INFORMATION. List the person/people you have a conflict with or those involved in your legal issue/problem. (Examples may include a person, business, organization, etc.)

Full Name & Former Name or Aliases	Relationship to you/ Role in the case	DOB (If you do not know the exact DOB, put an estimated age or estimated DOB)	Please check one
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB

IF MINORS ARE INVOLVED, LIST THEIR NAME & DOB

Full Name	Relationship to you/ Role in the case	DOB (If you do not know the exact DOB, put an estimated age or estimated DOB)	Please check one
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB
			<input type="checkbox"/> Exact DOB <input type="checkbox"/> Estimated DOB

CASE STATUS: ☐ Case has *not* been filed ☐ Case *has* been filed ☐ In Mediation ☐ Hearing Set ☐ Order Entered

(If a case has been filed) Case #: _____

Do you have a date for a hearing or trial? ☐ No ☐ Yes If Yes, Date and Time: _____

Please explain what type of hearing: _____

Is there another deadline related to your legal issue or problem you are aware of? ☐ No ☐ Yes

If Yes, Date and Time: _____

Please Explain:

APPLICANT DEMOGRAPHICS

Please Note The information that you provide is confidential and used for statistical reporting.

Gender: _____

Marital Status: ☐Never Married ☐Married ☐Domestic Partners ☐Divorced ☐Separated ☐Widowed

Race/ Ethnicity: ☐Hispanic/ Latino ☐White/ Caucasian ☐Black/ African American ☐Asian

☐Pacific Islander/ Native Hawaiian ☐Native American/ Alaska Native ☐Other ☐Prefer not to answer

Do you have a disability?: ☐Yes ☐No If yes, please explain: _____

Military Service? ☐I am a Veteran ☐Someone in the Household is a Veteran ☐Not Applicable

Living Situation (ex: own home, rent home, apt, shelter, relatives): _____

How did you hear about this legal fair or clinic?

☐ Newspaper ☐ Friend/Family ☐ Radio ☐Court ☐Social Media ☐Flyer ☐TV ☐Other: _____

HOUSEHOLD SIZE

Number of Adults in Household (over 18)	
Number of Minor Children in Household (under 18)	

FINANCIAL INFORMATION

Your Monthly Income (Before Taxes) (Provide an estimate if unsure)	Monthly Income	Type of Income
Your monthly income from all sources & the Type of income (ex: employment, SSI, SSDI, retirement, pension, child support, etc.)	\$	
	\$	
	\$	
Other Household Members' Income	\$	
	\$	
	\$	
Total Household Income	\$	

ASSETS

Personal Property (jewelry, boats, collectibles)	\$
Real Property (not the home you live in)	\$
Checking	\$
Savings	\$
Car(s), RVs, Motorcycles (do not count cars used for regular transportation)	\$
Other	\$

HOUSEHOLD EXPENSES

Mortgage/Rent Payment	\$
Auto Loan Payment	\$
Student Loan	\$
Child Care Expenses	\$
Auto Insurance	\$



ASSISTANCE STATEMENT:

By signing this agreement, I understand:

- New Mexico Legal Aid Volunteer Attorney Program (VAP) will connect me with a volunteer attorney for a one-time consultation
- The volunteer attorney may give me brief advice about my legal issue
- While I may receive brief advice or legal information, I am not represented by the volunteer attorney or VAP
- VAP will give the volunteer attorney the limited information that I provided on my application
- The Court and/or Judge who hears my case is not bound by anything said to me by the volunteer attorney or VAP
- After the consultation ends, VAP's legal assistance to me also ends
- I represent myself in my legal issue/case
- I am in charge of handling my own issue/case and
- I will make decisions about how I handle my issue/case.

I understand the benefits and risks of such an arrangement and give my complete and informed consent to this limited assistance.

Signature: _____ **Date:** _____

CLIENT NAME:

EMAIL ADDRESS:



CITIZENSHIP DECLARATION:

If you are a citizen, select **yes** in the citizenship declaration box, and **no** in the lawful permanent resident box.

If you are a lawful permanent resident, select **yes** in the permanent resident box, and **no** in the citizenship declaration box.

- **CITIZENSHIP DECLARATION**

I am a citizen of the United States.

Yes

No

OR

- **LAWFUL PERMANENT RESIDENT DELCARATION**

I am a lawful permanent resident of the United States.

Yes

No

Signature: _____ **Date:** _____

CLIENT NAME:



*****FOR ATTORNEY USE ONLY*****

ATTORNEY RESPONSE FORM

Clinic/Fair Date, Time, Location: _____

Attorney Name: _____

Client Name: _____

Legal advice was provided to client: ☐ Yes ☐ No

If legal advice was not provided, please explain: _____

Type of Legal Issue: _____

Brief summary of legal advice given: _____

Total amount of time spent on this case: _____

Was client referred for further assistance? _____

Are you willing to provide pro bono services for this individual? _____

Additional Information/Comments: _____
