

## Legal Aid of East Central Indiana

**PLEASE READ ALL INFORMATION BELOW**

P.O. Box 324  
New Castle, IN 47362  
Phone: 765-521-6979  
Toll Free: 1-800-921-4407  
Fax: 765-521-0790  
Email: districtf@outlook.com  
Website: www.myjustice.org

Dear Applicant,

Legal Aid of East Central Indiana (LAECI) is a non-profit organization that offers free legal assistance to individuals who cannot afford a lawyer due to severely limited economic resources. The program consists of local attorneys who volunteer their time and expertise.

LAECI **has not** agreed to accept you as a client. In order to qualify for services:

- Carefully read all enclosed information and agreements.
- Complete, sign, and date the application.
- Submit the application to the Legal Aid of East Central Indiana office.

If you have documents, including court documents, that are relevant to your legal matter, please attach copies to the application. **Do not send original documents**—only send copies. ***Paperwork will not be returned.***

Applications which are incomplete or lacking relevant court documents will not be referred to attorneys. However, this ***does not*** refer to sections of the application which do not apply to your situation. (For example, if no court date exists, you will not have a cause number.)

If information you submit changes—***especially contact information***—it is ***your duty*** to call LAECI office with updates.

Legal Aid of East Central Indiana will review your application for program qualification, considering financial guidelines and legal merit of the case. ***Note:*** qualification with LAECI still ***does not guarantee*** placement with a pro bono attorney. ***If*** you qualify, the LAECI office will attempt to refer your case to a pro bono attorney. If no attorneys are available for your case, however, you may be denied services.

Please understand that it may take up to ***2 weeks*** to process the applications. If you qualify for services, the referral process can take ***4-8 weeks***. ***Therefore, if you have an emergency, a court hearing, or a deadline, you should make every attempt to obtain private counsel of your own choosing.*** If you have questions, you may call my office. Please keep this letter for your records.

Sincerely,  
Amy Moore  
Executive Director

# Application

Date: \_\_\_\_\_

Name (First, Middle, Last):		
Please list any prior names:		
Address:	City:  State:  Zip:	
Phone: (____) _____ - _____	Additional phone: (____) _____ - _____	When is the best time to reach you by phone?
Email address:		Can you read and write? ___Yes ___No
How long have you lived in Indiana?	County of residence:	How long have you lived in this county?
Gender:	Date of birth: ____/____/____	Have you ever contacted LAECI before? ___Yes ___No
Marital status: ___Married ___Divorced ___Single ___Divorce pending	If married, how long have you been married?	Are there any children in this relationship? ___Yes ___No
If married, please list your spouse's name and contact information:		
Are you a citizen? ___Yes ___No	Are you pregnant? ___Yes ___No	Do you own a home? ___Yes ___No If no, please specify living situation (e.g. rent.):
Do you have a disability? ___Yes ___No If yes, please describe:		Do you have a pending criminal matter? ___Yes ___No If yes, please describe:

Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name and ages:	Number of individuals living in your household: _____ List names/relationship to you (e.g. John Doe—child):
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In dollars and cents, please list the amount of your pre-tax gross income that comes from the following types of income sources **for EVERYONE living in your household:**

Income type:	Amount:	Weekly or Monthly:
Work	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Child support	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Food stamps	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Social Security Income	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Social Security Disability	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Supplemental Security Income	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Temporary Assistance	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Other	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

In dollars and cents, please indicate the value of the following assets:

Cash	\$ _____	Do you pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No
Savings	\$ _____	
Pension	\$ _____	If yes, please indicate amount: \$ _____
Home	\$ _____	Arrearage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other realty	\$ _____	
Other property	\$ _____	
Tax refund (received in the last 3 months)	\$ _____	

Has a case been filed for this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the following:	
Cause Number:  _____	Opposing party:  _____
County of case:  _____	Attorney for opposing party:  _____

## NARRATIVE:

On this page, please tell us ***everything*** about this situation. What is the problem, and why do you think you need an attorney? Please attach additional pages if necessary.

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## Retainer Agreement

I, \_\_\_\_\_, have requested referral to a private attorney through the Legal Aid of East Central Indiana pro bono program for representation in the following matter:

\_\_\_\_\_

I understand that the pro bono attorney will review and evaluate my case and determine whether or not to accept me as a client. I further understand that LAECI is responsible for the referral only and has absolutely no authority over the pro bono attorney's decision to accept or decline legal assistance. The nature of the services to be provided will be determined by the pro bono attorney on an ongoing basis.

I may terminate this agreement at any time. I understand that I have the responsibility to inform Legal Aid of East Central Indiana of any change in my household, income, and resources. I understand and agree that if I become financially ineligible for representation by Legal Aid of East Central Indiana, they may terminate this agreement. Additionally, if I become ineligible for services for any reason specified in federal law or federal regulation, Legal Aid of East Central Indiana may have to withdraw the referral made to the pro bono attorney.

DATE: \_\_\_\_\_

\_\_\_\_\_  
**CLIENT SIGNATURE**

**Amy J. Moore**  
**Executive Director**  
**Legal Aid of East Central Indiana**

### CLIENT AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, authorize Legal Aid of East Central Indiana to release records and information pertaining to my case to the pro bono attorney(s).

DATE: \_\_\_\_\_

\_\_\_\_\_  
**CLIENT SIGNATURE**

### DECLARATION OF CITIZENSHIP

I hereby declare that I am a citizen of the United States.

DATE: \_\_\_\_\_

\_\_\_\_\_  
**CLIENT SIGNATURE**