

**APPLICATION FOR LEGAL SERVICES
KANSAS LEGAL SERVICES**

Applicant's Name: _____ **Previous name/maiden name used:** _____
First Middle Last

Applicant's Personal Information

Street Address: _____ SSN: _____

City: _____ County: _____ Zip: _____ Primary Phone: _____

Age: _____ Birth Date: _____ Female Male Race: _____ Other Phone: _____

U.S. Citizen? Y N Disabled? Y N Language: _____ Email: _____

Marital Status: Married Divorced Separated Never Married Common Law Widowed

Have you or any member of your household served in the military, including National Guard and Reserves? You Other

Number of people under 18 living in your house: _____

Number of other adults living in your house: _____ **Total Number of people in your house:** _____

Who is your legal problem against? (Name) _____

How do you know this person? _____

In order to consider your application for the widest range of programs available, it's important for us to get complete information about your household income and the things you own.

Check the box if anyone in your household receives any of these benefits: SSI TANF SNAP (Food Stamps)

Amount of benefit received \$ _____

MONTHLY Income-Before Taxes and Other Deductions for ALL Household Members

Wages (yours) \$ _____ List Wages (Name of Person and Amount) _____ \$ _____ \$ _____

Social Security \$ _____ Child Support \$ _____ Unemployment \$ _____ Pension \$ _____ Other \$ _____

Is your current level of income likely to change in the future? the next 30 days? Circle one Yes, increase Yes, decrease No change

MONTHLY Expenses: Mortgage or Rent \$ _____ Current Taxes \$ _____ Child Support Paid \$ _____

Health Insurance \$ _____ Day Care \$ _____

Transportation: Anything with a motor that you own

Asset Use (circle one)

Vehicle #1 Work Other Household Needs Other Use

Vehicle #2 Work Other Household Needs Other Use

Vehicle #3 Work Other Household Needs Other Use

Do you have more vehicles, camper, motorcycles, RV, etc? Yes No

Total value of cash you have, money in the bank, CD's, stocks, investments, IRAs, and retirement accounts that weren't created during employment. \$ _____

Consider the value of everything else you own – furniture, household furnishings, jewelry, tools, home or land you don't live in. If you had to have a garage sale type sale of all these things, how much would you expect to get for them all together? \$ _____

Legal Problem

Where is your legal problem? (City and County) _____

What type of legal problem do you need help with? Protection from Abuse Protection from Stalking Divorce

Custody Modification Paternity Employment Discrimination Disability (SSI/SSDI) Housing/Eviction/Foreclosure

Money Issues (Debt/ Collection) Bankruptcy Other _____

Do you have a court date? Yes No If yes, date, time & place of hearing: _____

Do you have any deadlines we need to be aware of? Yes No If yes: _____

Sign, if appropriate: **I am a citizen of the United States of America.**

Signature: _____ **Date:** _____

- **Please Be Advised That This Form is NOT an Agreement for Representation – It is An Application Only**
- **This is only the beginning of the application process. You should anticipate additional questions being asked.**

