

**APPLICATION FOR SERVICES  
THE LEGAL AID SOCIETY OF COLUMBUS  
(Please Print)**

Rev. 11/07

FULL NAME: \_\_\_\_\_  
First Name
Middle Name
Last Name

MAILING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ OHIO Zip Code \_\_\_\_\_

PHONE NUMBERS: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_  Female  Male

**ETHNICITY:**  African American  Asian  Hispanic  Native American  White  
 African  Other \_\_\_\_\_

**WHAT LANGUAGE DO YOU READ:** \_\_\_\_\_

**WHAT LANGUAGE DO YOU SPEAK:** \_\_\_\_\_

**MARITAL STATUS:**  Single  Married  Separated  Divorced  Widowed

**NUMBER OF PEOPLE LIVING IN HOUSEHOLD:** Age 0-17  Age 18-59  Age 60 +

**INCOME FOR ALL PERSONS IN YOUR HOUSEHOLD (circle the source of income)**

	Person receiving money	Gross Amount	Frequency
Employment			
Welfare			
Social Security			
SSI			
Unemployment Comp.			
Child Support or Alimony			
VA or Worker's Comp			
Pension or Retirement			
Other Income or Support			

No Household Income Y/N Food Stamps Received \$ \_\_\_\_\_  
Y/N Medicaid received Y/N Employed:  Full time  Part time  
Type of Housing:  House/Apartment  Shelter  Other \_\_\_\_\_

**ASSETS:** Do you own or have any of the following (please circle the correct answer):

Y/N Real Estate other than home you are living in (Value \_\_\_\_\_)  
Y/N Vehicle not used for transportation (Value \_\_\_\_\_)  
Y/N Checking account (Balance \_\_\_\_\_) Y/N Savings account (Balance \_\_\_\_\_)  
Y/N Cash (Balance \_\_\_\_\_) Y/N Jewelry (Value \_\_\_\_\_)  
Y/N Other (Item & value \_\_\_\_\_) Y/N Stocks & bonds (Value \_\_\_\_\_)

**I am a citizen of the United States:** \_\_\_\_\_  
Signature of Applicant
Date

**I am NOT a citizen of the United States:** \_\_\_\_\_  
Signature of Applicant
Date

(OVER)

**LIST ALL OF THE PEOPLE IN YOUR HOUSEHOLD** (starting with yourself)

Name	SSN	Date of birth	Sex (M or F)	Ethnicity	Relationship
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

**MONTHLY HOUSEHOLD EXPENSES**

- Transportation expense to and from work or medical treatments
- Do you or anyone in the household pay child support/spousal support
- Medical expenses you have to pay (including medical insurance premiums)
- Child care for work
- Other work related expenses
- Nursing home expenses
- Rent/mortgage, back taxes, wage garnishments

**WHAT KIND OF PROBLEM DO YOU HAVE?** Please check beside your kind of current legal problem.

- |   |   |  |   |
|---|---|--|---|
| <b>CONSUMER</b>                             | <b>FAMILY</b>                               | <b>BENEFITS</b>                          | <b>HOUSING</b>                                |
| <input type="checkbox"/> Bankruptcy         | <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Social Security | Landlord/Tenant                               |
| <input type="checkbox"/> Collection         | <input type="checkbox"/> Divorce            | <input type="checkbox"/> SSI             | <input type="checkbox"/> Private              |
| <input type="checkbox"/> Taking of property | <input type="checkbox"/> Child Support      | <input type="checkbox"/> Welfare         | <input type="checkbox"/> Subsidized           |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Domestic Violence  | <input type="checkbox"/> Medicare        | <input type="checkbox"/> Foreclosure          |
|   | <input type="checkbox"/> Other              | <input type="checkbox"/> Medicaid        | <input type="checkbox"/> Other                |
| <input type="checkbox"/> <b>EDUCATION</b>   | <input type="checkbox"/> <b>SENIORS</b>     | <input type="checkbox"/> Unemployment    | <input type="checkbox"/> <b>FEDERAL TAXES</b> |
|   |   | <input type="checkbox"/> Other           |   |

**LEGAL PROBLEM**

Is another attorney helping you with any problem?  yes  no  
 Have you received or been served with any papers about your problem?  yes  no. If yes, when did you receive these papers \_\_\_\_\_. Is there a court date or hearing date? **What is the hearing date** \_\_\_\_\_. **(GIVE A BRIEF DESCRIPTION OF YOUR PROBLEM)**

\_\_\_\_\_  
 \_\_\_\_\_

Who are you having problems with (Give their Full Name, address, and phone)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are they known by any other name? \_\_\_\_\_

**By signing this application, I am saying the answers are true and complete to the best of my**

**knowledge:** \_\_\_\_\_  
**Signature of Applicant** **Date**