



## APPLICATION FOR LEGAL SERVICES

The Pro Bono Project provides civil legal services for residents in the parishes of: Orleans, Jefferson, Plaquemines, St. Bernard, St. Tammany, and Washington. We do not assist with criminal matters, emergency cases, or personal injury cases, and are able to handle only limited contested civil legal matters. We are unable to assist with matters including domestic violence. If we are unable to assist in your case, we will provide information on other resources and support services.

### **This application requires the following information:**

#### Page 1

- Information about you, the Applicant. Note: your citizenship or immigration status will be kept confidential.
- Information about the Adverse Party (the defendant/other/opposing party), if applicable. If your legal matter does not involve an adverse party, please write "N/A" for "not applicable."
- Information about those in your household that you financially support.

#### Page 2

- Financial information, including your monthly income for the past thirty (30) days. Submit copies of documents showing income for the past thirty (30) days that match the information on page 2. **We cannot process your application without this information.**
- Answer questions 1-9, which help our office to further assess your eligibility for legal services.

#### Page 3

- Read The Pro Bono Project retainer agreement. Fill out the description of your legal case at the top of the page, and sign and date at both the top and bottom of the page.

#### Page 4

- Describe the facts of your legal matter in your own words.

### **ADDITIONAL QUESTIONNAIRES:**

Applications for the following legal matters require additional questionnaires. Submitting a completed questionnaire along with your application will speed up the application process. Questionnaires are available at [probono-no.org/how-to-get-help](http://probono-no.org/how-to-get-help). Contact the Intake Coordinator ([intake@probono-no.org](mailto:intake@probono-no.org) or 504-581-4043, ext. 216) to receive the required appropriate questionnaire by mail, email, or fax:

Divorce

Succession

Will

Bankruptcy/Consumer Debt

Adoption

Name Change for Minor

Power of Attorney



CASE # (for office use only): \_\_\_\_\_

### APPLICATION FOR LEGAL SERVICES

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_  
**MIDDLE NAME:** \_\_\_\_\_ **FORM COMPLETED BY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_  
**APT. #:** \_\_\_\_\_ **PARISH:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **ARE YOU ABLE TO RECEIVE TEXT MESSAGES?**  YES  NO  
**HOME PHONE:** \_\_\_\_\_ *(If you check "Yes," we may send you important reminders and requests for information via text message. If your ability to receive text messages changes, it is your responsibility to let us know. Data and text messaging rates may apply.)*  
**OTHER PHONE:** \_\_\_\_\_

Is there a time/day of the week you prefer to be contacted? \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**PREFERRED PRONOUNS:** \_\_\_\_\_ **LANGUAGE:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**CITIZENSHIP or IMMIGRATION STATUS:**  U.S. CITIZEN  LEGAL PERMANENT RESIDENT  OTHER

**VETERAN?**  YES  NO **ACTIVE DUTY MILITARY?**  YES  NO

**HOW DID YOU HEAR ABOUT OUR SERVICES?** \_\_\_\_\_

**ADVERSE PARTY :** *(Information about the defendant / other party / opposing party – if more than one, list in comment section)*

**LAST NAME:** \_\_\_\_\_ **ATTORNEY NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **S.S.#:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **ACTIVE DUTY MILITARY ?**  YES  NO

**HOUSEHOLD INFORMATION:** *(Everyone in your household that you financially support. Check the box for each person you claim as a dependent). LIST THE NAMES, AGES, D.O.B AND RELATIONSHIP TO APPLICANT:*

NAME & RELATIONSHIP	D.O.B	DEPENDENT?
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>

**TOTAL NUMBER OF INDIVIDUALS IN HOUSEHOLD:** \_\_\_\_\_ **+ YOURSELF =** \_\_\_\_\_

**FINANCIAL INFORMATION**

Submit photocopies of documents showing income for the past thirty (30) days (for example, copies of pay stubs, Social Security Award Letters, etc.) that match the dollar amount you write in this section. **We will not process your application without this information.**

APPLICANT'S EMPLOYER: \_\_\_\_\_ EMPLOYER'S PHONE: \_\_\_\_\_

**MONTHLY INCOME FOR HOUSEHOLD BEFORE TAXES.** PLEASE STATE THE DOLLAR AMOUNT FROM EACH INCOME SOURCE:

WORK: \$ \_\_\_\_\_ UNEMPLOYMENT: \$ \_\_\_\_\_ WELFARE: \$ \_\_\_\_\_  
CHILD SUPPORT: \$ \_\_\_\_\_ ALIMONY: \$ \_\_\_\_\_ OTHER: \$ \_\_\_\_\_  
FOOD STAMPS: \$ \_\_\_\_\_ RETIREMENT: \$ \_\_\_\_\_ WORKER'S COMPENSATION: \$ \_\_\_\_\_  
RENT (you receive): \$ \_\_\_\_\_ VETERAN'S BENEFITS: \$ \_\_\_\_\_ NONE: \$ \_\_\_\_\_  
SOCIAL SECURITY INCOME: \$ \_\_\_\_\_ SOCIAL SECURITY DISABILITY INCOME / DISABILITY: \$ \_\_\_\_\_

**DO YOU HAVE A CHECKING ACCOUNT?**  YES  NO CHECKING BALANCE: \$ \_\_\_\_\_

**DO YOU HAVE A SAVINGS ACCOUNT?**  YES  NO SAVINGS BALANCE: \$ \_\_\_\_\_

**VALUE OF ASSETS:**  Automobile: \$ \_\_\_\_\_  Second home: \$ \_\_\_\_\_ Other asset: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**LIVING ARRANGEMENT:**  Unhoused  Homeowner  Renter: Private  Renter: Section 8  Other: \_\_\_\_\_

MONTHLY COST OF HOUSING: \$ \_\_\_\_\_

**HOW ARE YOU CURRENTLY MAKING ENDS MEET?** \_\_\_\_\_

1. **Attorney services through The Pro Bono Project are free, but you may be required to pay court costs and filing fees,** depending on the type of documents being filed with the court. Filing fees start at \$105. Do you understand that filing fees and court costs are your responsibility?  YES  NO
2. **ADDITIONAL PLAINTIFFS/PARTIES INVOLVED** (if applicable, please explain in comments section on last page):  
FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_
3. **Have you or anyone else involved with this case hired an attorney or applied for help with another legal office?** If so, what happened? \_\_\_\_\_  
Name of attorney or legal office: \_\_\_\_\_ Date last contacted: \_\_\_\_\_
4. **Have you received any legal papers about this matter?** If so, include copies of these papers with your application:  YES  NO If yes, what papers and when? \_\_\_\_\_
5. **Are there any deadlines or court dates set in your case?** \_\_\_\_\_
6. **Do you have any other pending legal cases?**  YES  NO
7. **If yes, what type of case was it, and where was the case filed?** \_\_\_\_\_
8. **Does your legal matter involve any instances of physical abuse or domestic violence?**

\_\_\_\_\_



CASE # (for office use only): \_\_\_\_\_

## **RETAINER AGREEMENT**

I, \_\_\_\_\_, agree that The Pro Bono Project (PBP) will represent me in a possible lawsuit with respect to the following: \_\_\_\_\_

1. I understand that The PBP will not represent me in any other matter unless I and The PBP agree.
2. I understand that The PBP will handle my case to the best of its ability and in my best interest. I also understand that The PBP cannot guarantee that I will prevail in my case.
3. I agree that The PBP will represent me in any administrative or judicial proceedings that may be necessary, including appeals of any judicial decision that, in the opinion of the attorneys at The PBP, should be appealed.
4. I agree to cooperate with The PBP in my representation by:
  - a. not discussing my case with an adverse party without The PBP's knowledge and consent;
  - b. informing The PBP immediately when I receive communications, letters, or pleadings related to my case;
  - c. being available as necessary for interviews, meetings, depositions, hearings or trials; and
  - d. Contacting The PBP if my phone number or address changes, my income changes, or if I get another attorney to work on my case.
5. I understand that if any of the following occurs and I do not let The PBP know, the PBP may close my file:
  - a. my phone number or address changes
  - b. my income changes
  - c. I receive court papers about my case
  - d. I get another attorney to work on my case

### **COSTS AND FEES**

6. The PBP agrees that it will provide legal services free and at no charge to me. If possible, The PBP may seek fees, costs and expenses from the opposing parties in my case. I agree to cooperate fully with The PBP in applying for and otherwise seeking fees, costs and expenses. The PBP may seek to file *in forma pauperis* on my behalf, but I understand that if I do not prevail, I will be responsible for a portion or all of the costs and fees.

### **TERMS OF REPRESENTATION**

7. I agree to promptly inform The PBP of any change in my address or telephone number.
8. The PBP will make no settlement without first consulting me or my representatives and obtaining my or their approval.
9. I understand that The PBP reserves the right to withdraw from representing me for any reason consistent with ethical obligations under the Louisiana Rules of Professional Conduct. Examples of reasons for withdrawing representation are:
  - a. a professional determination made by an attorney that the matter should not be pursued;
  - b. a professional determination made by an attorney that an appeal should not be made;
  - c. my refusal to settle or dismiss my claim which The PBP determines is reasonable and in my best interest;
  - d. my lack of reasonable cooperation such as failing to communicate with The PBP as

requested, keep appointments, or return phone calls.

10. I understand that a non-attorney may be working on my case under the direction of an attorney.
11. I understand that any attorney working for The PBP, or with The PBP as co-counsel, or any of its employees, can review my case, work on my case, or attend hearings concerning my case.
12. I understand that The PBP can publicly reveal information about my case, such as my name and information contained in public papers in the court, to third parties. I authorize The PBP to reveal such public information to the press and to others in any manner they believe could make progress in my interest.
13. I agree that to the extent required by law, The Pro Bono Project may have to let auditors and representatives of its funders know my name and see records related to my case. I understand and agree that the information about my case may be shared with other free legal services providers or with social or health services providers to the extent necessary for my representation.
14. When the PBP no longer represents me in this case, it will return my original papers that I provided to the PBP upon my request. I can also request copies of all pleadings, briefs and other legal papers prepared on my behalf, or received from third parties. If I do not request these papers, they may be destroyed after five (5) years with the rest of my file.
15. A volunteer attorney may withdraw for their own personal reasons.

#### TEXT MESSAGING AND PRIVACY POLICY

By consenting to The Pro Bono Project's text message policy, you agree to receive text notifications about your case, including, but not limited to: updates, reminders, scheduling appointments, and appointment reminders. The text notifications will be sent to the number that you provided to The Pro Bono Project. The number of text messages you will receive will vary depending on your case.

You are responsible for any and all charges, including but not limited to fees associated with text messaging, imposed by your communications service provider. However, The Pro Bono Project will not charge you any fees associated with the text service. If you wish to unsubscribe from receiving text messages notifications, reply with STOP to any mobile message sent from us or call us at 504-581-4043, ext. 201 to request that we turn off the text messages notifications.

To the extent permitted by applicable law, you agree that we will not be liable for failed, delayed, or misdirected delivery of any information sent through The Pro Bono Project's text message service. The Pro Bono Project's Terms and Conditions as well as the Pro Bono Project's Privacy Policy apply: <http://probono-no.org/overview>

#### NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

The Pro Bono Project prohibits any discrimination, including any form of sexual harassment, of any employee, qualified applicant for employment, and/or client because of race, national origin, religion, sex, pregnancy, disability, sexual orientation, or age. We treat all staff and clients with respect. We expect our clients to treat staff and volunteers with the same respect. By accepting our representation of your case matter, we extend this non-discrimination and anti-harassment policy to you and reserve the right to deny service to anyone who directs belligerent or disrespectful language or behavior to any of our staff or volunteers.

I ACCEPT THE RETAINER ARRANGEMENT AS SET FORTH ABOVE.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

