

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT  
APPLICATION FOR SERVICES**

**Applicant Information** (must be enrolled, or eligible to be enrolled with CRIT):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 \_\_\_\_\_ Eve. Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_  
 SSN: XXX-XX-\_\_\_\_\_

Applicant is seeking assistance with: (please mark which box(es) applies)

- |                          |                            |                          |                                     |
|--------------------------|----------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Child Support (Defense)    | <input type="checkbox"/> | Estate Planning (Writing a Will)    |
| <input type="checkbox"/> | Child Support (Seeking)    | <input type="checkbox"/> | Probate of an Estate                |
| <input type="checkbox"/> | Child Custody (Defense)    | <input type="checkbox"/> | Grievance                           |
| <input type="checkbox"/> | Child Custody (Seeking)    | <input type="checkbox"/> | Small Claims                        |
| <input type="checkbox"/> | Guardianship of a Minor    | <input type="checkbox"/> | Personal Injury                     |
| <input type="checkbox"/> | Conservatorship of Adult   | <input type="checkbox"/> | Restraining Orders/Injunctions      |
| <input type="checkbox"/> | Paternity (for Enrollment) | <input type="checkbox"/> | Dissolution of Marriage (no kids)   |
| <input type="checkbox"/> | Child In Need of Care      | <input type="checkbox"/> | Dissolution of Marriage (with kids) |
| <input type="checkbox"/> | Power of Attorney:         | <input type="checkbox"/> | Property Dispute                    |
| <input type="checkbox"/> | Durable                    | <input type="checkbox"/> | Housing Dispute                     |
| <input type="checkbox"/> | Healthcare                 | <input type="checkbox"/> | Name Change                         |
| <input type="checkbox"/> | Parental                   | <input type="checkbox"/> | Other: _____                        |

In order to determine whether there are conflicts, please provide as many details as possible:

Please list the full names and approximate ages of each person involved in your issue:

- |   |       |                        |
|---|-------|------------------------|
| 1 | _____ | Approximate Age: _____ |
| 2 | _____ | Approximate Age: _____ |
| 3 | _____ | Approximate Age: _____ |
| 4 | _____ | Approximate Age: _____ |
| 5 | _____ | Approximate Age: _____ |

Please describe any previous services you have received from Legal Aid:

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

		<b>For Office Use Only:</b>	
<b>Referral Required?</b>	Yes	No	
		<b>Office File No.:</b> _____	

**CHILD CUSTODY SUPPLEMENT (2)**

Do you presently have custody of the child(ren)?      YES      NO

Please fill-in information about the child's/children's other parent below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Eve. Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_

Is there already an active court case?      YES      NO

If Yes:

What Court/Jurisdiction (CRIT, La Paz, etc.): \_\_\_\_\_

What is the Case Number: \_\_\_\_\_

(Please attach a copy of any court documents/minute entries to this Application)

Please complete the information on this table about all of the Minor Children:

Name:	DOB:	SSN:
	/ /	XXX-XX-
	/ /	XXX-XX-
	/ /	XXX-XX-
	/ /	XXX-XX-
	/ /	XXX-XX-

Have you and your spouse/the other parent discussed what shall be done regarding child custody of minor children?

YES       NO

In the next series of questions, please take into consideration the following information:

**Joint Legal Custody** means that two people (usually both parents) shall share decision-making authority for a child's health, education, and welfare. It means that both shall have an equal share in deciding things like which school the child attends, whether to consent to medical procedures or surgery, etc. It is *not the same thing* as **Primary Physical Custody**.

**Primary Physical Custody** means which parent that the minor child shall live with most of the time.

**CHILD CUSTODY SUPPLEMENT (3)**

**Have you and your spouse agreed on how Child Custody and Visitation shall be handled regarding your minor children?**

**Select one of these three:**

  
  

Yes, we both agree to custody and visitation under the terms below:

No, we have not agreed to specifics, and what I desire are the terms below:

I prefer that custody and visitation be left for the Court to decide.

**Select one of these two:**

  

Joint Legal Custody (decision-making authority) for the both of us.

Sole Legal Custody be granted to: \_\_\_\_\_

**Primary Physical Custody to be granted to:** \_\_\_\_\_

**Any other specifics regarding Legal Custody and Physical Custody (i.e., one spouse to have primary physical custody of only one or some of the children, etc.):**

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**Visitation to be arranged as follows:**

**Pick one of these two:**

  

Visitation with the non-custodial parent every weekend.

Visitation with the non-custodial parent every other weekend.

**Pick one of these two, and fill-in-the-blanks as to start/stop times for weekends:**

  

Weekend visits include extended weekend days (i.e. a holiday or school ped day).

Weekend visits do not include extended weekend days.

Weekend visits begin at \_\_\_\_\_ p.m. on Friday (or Thursday on a long-weekend).

Weekend visits end at \_\_\_\_\_ p.m. on Sunday (or Monday on a long-weekend).

**Pick one of these two, and write-in who you think should be supervising:**

  

Visitation with the non-custodial parent shall be unsupervised.

Visitation with the non-custodial parent shall be supervised.

Supervised by: \_\_\_\_\_

**How is this proposed/requested Child Custody and Visitation Plan in the best interest of the minor child(ren)? DO NOT LEAVE THIS BLANK.**

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On the next page, there is a chart. The first two lines of the chart are examples to show you how you should complete the remainder of the chart. If there are other specific holidays or events (i.e., the child's birthday, your birthday, your spouse's birthday, etc.) that you want to include, please add them to the "Other" column in the chart. If you need more space, write on the opposite side of the page.

**CHILD CUSTODY SUPPLEMENT (4)**

<b>Holiday:</b>	<b>Parent to have custody:</b>	<b>Odd-Years:</b>	<b>Even-Years:</b>
<i>(i.e.) Mother's Day</i>	<i>Mother</i>	<i>X</i>	<i>X</i>
<i>(i.e.) Spring Break</i>	<i>Alternating</i>	<i>Mother</i>	<i>Father</i>
<b>Mother's Day</b>			
<b>Father's Day</b>			
<b>Thanksgiving Break</b>			
<b>Spring Break</b>			
<b>Fall Break (if any)</b>			
<b>Christmas Eve</b>			
<b>Christmas Day</b>			
<b>New Years Eve</b>			
<b>New Years Day</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			

Are you a Registered Sex Offender?    YES            NO                      Do you live with one?    YES            NO

Is the other parent?                      YES            NO                      Do they live with one?    YES            NO

**Please describe any history of domestic violence between you and/or the other parent and/or the children, including dates, whether charges were filed, and outcome:**

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**Child's C.R.I.T. Distribution:**

**Please describe below what you believe should be done with the child's annual C.R.I.T. Distribution (i.e. - Specific Parent will pick up every year, or Alternating years; or money is to be invested in a restricted savings account, etc.).**

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By signing this form, you are requesting services by the Legal Aid Department and waiving privacy to any third-party for the purposes of that service; you promise to update the Legal Aid Department of any change of contact information during the period of representation. The Legal Aid Department does not charge C.R.I.T. community members for services, but any fees (i.e., court filing fees) are the responsibility of the applicant. Please note that the court filing fee for Child Custody Cases is \$65 unless waived by the Tribal Court. You may complete a Fee Waiver Request Form, but the Legal Aid Department does not guarantee that the waiver shall be granted by the Tribal Court, and if the Tribal Court does not waive the filing fee, the applicant shall be responsible for providing a money order in the amount of \$65 made payable to the Colorado River Indian Tribes Tribal Court. If Legal Aid cannot take you on as a client for conflicts, we may seek approval for a referral.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_