

**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:** \_\_\_\_\_ **Tribe/Enrollment No.:** \_\_\_\_\_  
**SSN:** XXX-XX- \_\_\_\_\_

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

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

**PATERNITY SERVICES SUPPLEMENTAL INFORMATION (2)**

**Child(ren)'s Information:**

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

**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:** \_\_\_\_\_ **Tribe/Enrollment No.:** \_\_\_\_\_

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

**Is the other parent agreeing to sign the documentation?** YES NO

**Are the parents of this child currently married?** YES NO

**If YES, what was the date of the marriage?** \_\_\_\_\_

**If NO, were the parents previously married?** YES NO

**If previously married, what was the date of divorce?** \_\_\_\_\_

**Are there any other Court or Administrative Paternity Actions for this Child?** YES NO

**If YES, please describe the type, jurisdiction, case number, etc. below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any other State Paternity Affidavits concerning this Child?** YES NO

**If YES, please attach a copy.**

**Have you completed a genetic test to determine paternity?** YES NO

**If YES, please attach a copy.**

**PATERNITY SERVICES SUPPLEMENTAL INFORMATION (3)**

**C.R.I.T. Law requires that genetic testing be performed in all Paternity Cases unless the Court finds "good cause" to waive that requirement. If you have not already done a genetic test and attached the results to this Application, then please (in your own words) describe why the Court should find good cause to waive the genetic testing requirement for you. DO NOT LEAVE THIS BLANK.**

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**Have the parental rights to either parent to this child ever been terminated?**

YES                      NO

**If YES, please describe which parent, jurisdiction, case number, etc. below:**

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**To complete the paperwork, please provide copies of the following:**

- CERTIFIED COPIES (Originals) of each Child's birth certificate (no copies).**  
*(Note: your copy shall NOT be returned to you, it shall become part of the court record).*
- Each Child's Social Security Card (copies are okay).
- Genetic test results showing probability of paternity of 99% for each child (copies okay).

**If one of the parents has passed away, additional documentation is required:**

- Death certificate of the deceased parent.
- Genetic test results between the child and blood-relative of deceased father.
- Proof of Social Security Death Benefits for the child from the predeceased father.
- Probate documentation showing parental finding (BIA or Court probate documents).
- Any other documentation (letters, journals, bank account records, etc.) showing that the predeceased father acknowledged being the parent of the child/children prior to passing away.

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 Paternity 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: \_\_\_\_\_