

**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 checked="" type="checkbox"/>	Child Custody (Defense)	<input type="checkbox"/>	Grievance
<input checked="" type="checkbox"/>	Child Custody (Seeking)	<input type="checkbox"/>	Small Claims
<input checked="" type="checkbox"/>	Guardianship of a Minor	<input type="checkbox"/>	Personal Injury
<input checked="" type="checkbox"/>	Conservatorship of Adult	<input type="checkbox"/>	Restraining Orders/Injunctions
<input checked="" type="checkbox"/>	Paternity (for Enrollment)	<input type="checkbox"/>	Dissolution of Marriage (no kids)
<input checked="" 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 checked="" type="checkbox"/>	Durable	<input type="checkbox"/>	Housing Dispute
<input checked="" type="checkbox"/>	Healthcare	<input type="checkbox"/>	Name Change
<input checked="" 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:

For Office Use Only:

Referral Required? Yes No

Office File No.: _____

CHILD SUPPORT SUPPLEMENTAL INFORMATION

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

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: _____ 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)

What is your present source of income? _____

What is your present monthly income? \$ _____

List any government benefits you presently receive (SSDI, Food Stamps, etc.):

Including yourself, how many people does your income support in your household? _____

As a percentage, how much time do you spend with your children per year? _____ %

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 Support 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: _____