

**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:

For Office Use Only:	
Referral Required?	Yes No
Office File No.: _____	

ESTATE PLANNING SERVICES SUPPLEMENTAL INFORMATION (3)

Nonprobate Transfers:

Nonprobate Transfers - these are things like a Life Insurance Policy, Pension Plan, or Trust that already names a beneficiary or several beneficiaries in whatever document created the policy, plan, or trust. Bank Accounts that have been set up with a "right of survivorship" or a "Pay On Death" designation may also be nonprobate transfers; however - your creditors can still go after the beneficiaries in a joint bank or pay-on-death bank account. You do not have to list nonprobate transfer items in your Will, but it may be a good idea in case the beneficiary of that transfer predeceases you so that your Executor knows that it is part of your Residuary Estate. (More about Residuary Estate later).

Do you wish to list your nonprobate transfers in your Will? YES NO

If yes, please complete the chart below. If you need additional space, please write on the back of this sheet. I have completed the first line as an "example" only.

Transfer Description:	Beneficiary:	DOB:	Relationship:	Notes:
<i>BofA Acct #123456</i>	<i>John Doe</i>	<i>1/1/1985</i>	<i>My son</i>	<i>"Pay On Death" Account already</i>

Residuary Estate:

Residuary Estate - it is whatever is left over that you did not list in your Will. For example, perhaps you inherited more interest in land, or invested in stocks or bonds, or won the lottery and invested the money, or started a business - after you executed your Will. "Whatever is leftover" is part of your residuary estate. You should name a person, or several persons, to inherit your residuary estate. Please remember that land interests in a residuary estate would only be able to be inherited by a person who is enrolled with a federally-recognized tribe. Please complete the chart below to list the beneficiary (or beneficiaries) of your residuary estate. If you need more space, please write on the back of his sheet.

Name:	DOB:	Relationship:	Enrolled At:	Special Instructions:

ESTATE PLANNING SERVICES SUPPLEMENTAL INFORMATION (4)

Minor Children or Dependents:

If you have any minor children or dependents, you may want to include instructions for what your desires are if you pass away and the minor child or dependent has no other parent known or living who can take care of them. Sometimes a child already has one deceased parent, or the father of the child may not be known, or perhaps you are the permanent guardian for a child who has no other parent, therefore it may be a good idea to include instructions in your Will for who you want to take care of your minor children or dependents. Before designating your desires in your Will, however, you should discuss your desires with whomever you wish to raise your minor child or dependent and make sure that they are aware and agree to this.

Do you have any minor children or dependents? YES NO

Do you want a clause in your Will addressing the guardianship of your minor child(ren) or dependent(s)?

YES NO

If yes, please complete the chart below:

Child's Name:	DOB:	Named Guardian:	DOB:	Guardian's Relationship To You:
<i>(i.e.) John Doe Jr.</i>	<i>1/1/2014</i>	<i>James Doe</i>	<i>1/1/1982</i>	<i>My brother James</i>

Funeral/Burial Arrangements:

Our standard Last Will & Testament format includes a section where you may express your desires for your funeral and burial arrangements. This is optional; you can leave it out entirely, you can simply include a clause stating that a specific person or group of persons may make decisions about that when the time comes. Sometimes it is better to leave specific instructions in case of differences of opinion within the family. The choice is yours. If you want to include clauses in your Will about funeral and burial desires, then please answer the following questions:

I want all funeral & burial decisions to be made by: _____ OR

For my funeral, I want to be laid out at: _____

and the type of ceremony that I desire is: _____

and I want the following person to officiate the service: _____

Do you wish to be burried or cremated? Burried Cremated

I wish to be burried at: _____

I wish for my ashes to be given to: _____

Additional Funeral/Burial Instructions: _____

ESTATE PLANNING SERVICES SUPPLEMENTAL INFORMATION (5)

Last Will & Testament Storage:

The Colorado River Indian Tribes Legal Aid Department offers you the choice of letting us hold on to the original of your Last Will & Testament and storing it within our fireproof safe. This is completely optional. If you decide to leave the original copy with us, you shall be given at least one (1) copy (more if you desire). The original shall be stored in a sealed envelope inside of our fireproof safe. While you are alive, only you shall have access to the original if you come to our office in person; nobody else shall be able to come and take it. After you pass away, only your Executor or Alternate shall be able to take it. This is completely optional. But if you decide to do this, then we shall include a clause in the Will stating that the original is being stored with our Department. This has the benefits of (1) if you lose your copy, then you know that the original is still with us, and (2) it makes it harder for anyone to challenge your Will later on on the grounds that the original went missing while you were alive and therefore maybe you destroyed it, and (3) it is written directly into the Will where the original was stored if your heirs are looking for the original and can only find the copy (BIA is supposed to require an original of the Will in order to probate any Land Allotments/Assignments). The service is free and the option is available to you.

Do you wish to store the original of your Last Will & Testament with the Legal Aid Department?

YES NO

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. If Legal Aid cannot take you on as a client for conflicts, we may seek approval for a referral.

Applicant Signature: _____

Date: _____