

**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.: \_\_\_\_\_

