

**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)

Child Support (Defense)
 Child Support (Seeking)
 Child Custody (Defense)
 Child Custody (Seeking)
 Guardianship of a Minor
 Conservatorship of Adult
 Paternity (for Enrollment)
 Child In Need of Care

Power of Attorney:

Durable
 Healthcare
 Parental

Estate Planning (Writing a Will)
 Probate of an Estate
 Grievance
 Small Claims
 Personal Injury
 Restraining Orders/Injunctions
 Dissolution of Marriage (no kids)
 Dissolution of Marriage (with kids)
 Property Dispute
 Housing Dispute
 Name Change
 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.: _____

