

**CIVIL/FAMILY/ADMINISTRATIVE LAW CLINIC APPLICATION**  
**(All questions must be answered in full)**

Do you require accommodations for any known disability? _____ If yes, please list (be specific as to extent of limitation and accommodation needed):  

Date \_\_\_\_\_ Type of assistance \_\_\_\_\_

**1. Your Full Name:** \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**2. Address:** \_\_\_\_\_  
 (Street Address) (City and State) (Zip Code)

**3a. Telephone Number(s):** (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
 (Alternate numbers where you can always be reached) #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 (Work) \_\_\_\_\_

**3b. E-mail address:** \_\_\_\_\_

**3c. Do you have computer access:** Yes  No

**4. Are you a Student?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate the name of the school you are attending: \_\_\_\_\_ Enrollment Status: \_\_\_\_\_

**5. Current Household:**  
 Single: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_  
 Intimate Partner: \_\_\_\_\_  
 How many children do you support who are under 18? \_\_\_\_\_  
 How many children live with you? \_\_\_\_\_ Do you have any other dependents? \_\_\_\_\_  
 State the Name, Age and Relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

**6. What is your current Occupation?** \_\_\_\_\_  
 Are you employed? \_\_\_ Yes \_\_\_ No

(If yes, please complete the following **Employer Information**)  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Box Number or Street Address) (City and State) (Zip Code)  
 Telephone Number: \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

(If you are not employed, please provide information of your **last employer**)  
 Name of last employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Box Number or Street Address) (City and State) (Zip Code)

How long have you been employed? \_\_\_\_\_  
 What were your monthly wages? \_\_\_\_\_

**7. Gross Income:** (a) State your gross earned income from wages and how you are paid:  
 Weekly? \_\_\_\_\_ Bi-Weekly? \_\_\_\_\_ Monthly? \_\_\_\_\_ Amount/month \$ \_\_\_\_\_

(a) Apart from income or support listed in response to question 8 below  
 (b) What additional income do you receive on a monthly basis? \$ \_\_\_\_\_

(c) Monthly Deductions: Federal Income Tax: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_ \$ \_\_\_\_\_

(d) Other Deductions: (explain) \_\_\_\_\_

**TOTAL NET MONTHLY INCOME: (Add question 7 + 7b less 7c) \$ \_\_\_\_\_**

**8(a). If you are married and live with a spouse, please answer:**

What is your Spouse Name: \_\_\_\_\_  
 Is your spouse employed? \_\_\_\_\_ What is the occupation of your spouse? \_\_\_\_\_  
 Is your spouse paid Weekly? \_\_\_\_\_ Bi-Weekly? \_\_\_\_\_ Monthly? \_\_\_\_\_  
 Amount/month \$ \_\_\_\_\_  
 Name of spouse's employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Box Number or Street Address) (City and State) (Zip Code)  
 Telephone Number: \_\_\_\_\_ How long has spouse been employed? \_\_\_\_\_

**8(b). Do you or your spouse receive any of the following income or support?**

\_\_\_\_ Yes \_\_\_\_ No  
**If yes, state the monthly amount.** SSI: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_  
 Worker's Comp: \$ \_\_\_\_\_ Unemployment Benefits \$ \_\_\_\_\_  
 Food Stamps: \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
 Spousal Support: \$ \_\_\_\_\_ Kinship Care Subsidy Grant: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**8(c). Marriage and Separation Data:**

Date Married: \_\_\_\_\_  
 (month) (day) (year)

City/Parish/State where Married: \_\_\_\_\_

Date Last Lived Together: \_\_\_\_\_

\*If spouse is deceased, please list date of death \_\_\_\_\_

**9. Do you own or have an interest in any of the following? (Including community property)**

A.	VALUE	BALANCED OWED
House	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
Truck	\$ _____	\$ _____
Watercraft	\$ _____	\$ _____
Livestock	\$ _____	\$ _____
Machinery	\$ _____	\$ _____
Stock	\$ _____	
Bonds	\$ _____	
Certificates of Deposit	\$ _____	
Other Immovable Property	Equity \$ _____	Debt \$ _____

Do You Have A Bank Account(s)? \_\_\_\_ Yes \_\_\_\_ No Amount in account(s):\$ \_\_\_\_\_  
 Check \_\_\_\_\_ Savings \_\_\_\_\_ Name and Location of Bank: \_\_\_\_\_

TOTAL VALUE OF ASSETS \$ \_\_\_\_\_

**B.i. List your Monthly Expenses:**

Rent: \$	Cable: \$	Car Note: \$
Lot Rent: \$	Garbage: \$	Car Insurance: \$
House Note: \$	Medical Insurance: \$	Transportation: \$
House Insurance: \$	Medical Expenses: \$	Food: \$
Gas: \$	Dental Expenses: \$	Barber/Beauty: \$
Electricity: \$	Prescriptions: \$	Entertainment: \$
Water: \$	Life Insurance: \$	Grooming Supplies: \$
Telephone: \$	Daycare: \$	Garnishment: \$
Property Taxes: \$	Child Support: \$	Other: \$
Support for children other than those of this marriage:	\$	

**Total Amount of section i:** \$ \_\_\_\_\_

**ii. Credit cards:** (List type of card and monthly payment)

Card Name	Monthly Payment
	\$
	\$
	\$
	\$

**Total Amount of section ii:** \$ \_\_\_\_\_

**iii. Financial Loans:** (List the financial institution and your monthly payment)

Financial Name	Monthly Payment

**Total Amount of section iii:** \$ \_\_\_\_\_

**Total Monthly Expenses: (Add 9B (i+ii+iii) = Total Monthly Expenses) \$ \_\_\_\_\_**

**10. Does anyone regularly help you pay your expenses?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(a) If yes, state the person's name and relationship to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(b) Do you have any additional income or assets that are not shown above?

\_\_\_\_\_ Yes \_\_\_\_\_ No - **If you answered yes to either (a) or (b), please explain:**

\_\_\_\_\_  
 \_\_\_\_\_

**PLEASE GIVE A GENERAL EXPLANATION OF THE TYPE OF ASSISTANCE NEEDED AND WHY.** (If additional space is needed, please write on back of application)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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