

Advocate name \_\_\_\_\_ Agency name \_\_\_\_\_ Phone \_\_\_\_\_



## Legal Assistance Referral or Representation Application

### **Section I: General Information**

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

Other Names Used: \_\_\_\_\_

Safe phone: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Safe to leave message? Yes \_\_\_\_ No \_\_\_\_

Safe Address for Applicant: (In care of someone else? \_\_\_\_\_ )

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Current Address (if different from above):

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Safe Email Address: *\*Please note that email is not confidential and may be intercepted and read by other people.*

\_\_\_\_\_

Do you feel safe? Yes \_\_\_\_ No \_\_\_\_

Does the other party have access to a gun? Yes \_\_\_\_ No \_\_\_\_ Don't know \_\_\_\_

Have you been served with legal papers? Yes \_\_\_\_ No \_\_\_\_ Have **YOU** filed any legal papers? Yes \_\_\_\_ No \_\_\_\_

Do you have an attorney? Yes \_\_\_\_ No \_\_\_\_

Attorney's name: \_\_\_\_\_

Does the opposing party have an attorney? Yes \_\_\_\_ No \_\_\_\_ Don't know \_\_\_\_

Attorney's name: \_\_\_\_\_

### **Section 2: Civil Case Information:** If you have a case currently pending, complete this section.

Case Number: \_\_\_\_\_ County where case is filed: \_\_\_\_\_

Type of Case: \_\_\_\_\_ County of residence: \_\_\_\_\_

Case Caption: \_\_\_\_\_

Opposing Party Name: \_\_\_\_\_

Opposing Party Address: \_\_\_\_\_

Have either of you ever filed for a domestic violence, stalking, and/or sexual assault protective order?

Yes \_\_\_\_ No \_\_\_\_ If yes, please answer the following set of questions and attach a copy to this form:

#### **Protective Order:**

When was the order filed? \_\_\_\_\_

Who filed for the protective order? \_\_\_\_\_

Was the order granted? \_\_\_\_\_

Is the order still in effect? \_\_\_\_\_

When did/does the order expire? \_\_\_\_\_

If seeking a protective order, please list details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pending events or dates related to your case?

Type of event	Location (City, County)	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____

### **Section 3: General Case Information (Applicant's information)**

**Check all that apply in your case** (currently or previously):

Sexual Violence       Domestic Violence       Stalking       Human Trafficking

#### **Relationship to Opposing Party**

Spouse       Partner (Intimate Relationship)       Household Member/Relative  
 Stranger       Acquaintance       Dating Relationship       Step/Parent       Other

**Type of legal issue(s) for which you are requesting assistance** (if more than 1, rank by number, 1 being most important and immediate.):

Divorce       Consumer       Custody/Visitation       Disability       Paternity  
 Landlord/Tenant       Protection Order       Name Change       Housing       Real Estate  
 Employment       Education/School       Insurance       Public Benefits       Good Cause Waiver  
 Native American Affairs       Crime Victim Compensation       Administrative Agency  
 Child Support/Maintenance  
 Immigration (If you are applying for immigration assistance, please fill out immigration application.)

**Have you applied for representation through another agency?** Yes  No  Where \_\_\_\_\_

If yes, what was the outcome? \_\_\_\_\_

### **Section 4: Fees**

Some attorneys are able to provide pro bono services. Others provide low fee services. While ability to pay is not required for a referral, information will be included with the request.

**Do you have the ability to pay for legal services?** Yes  No

I am requesting pro bono (free) services only.

**Section 5: Demographic Information**

**Race/Ethnicity** (select all that apply):

American Indian or Alaska Native     Asian     White     Black or African American  
 Native Hawaiian or Pacific Islander     Hispanic/Latino     Prefer not to answer

**Identified Gender:** \_\_\_\_\_  Prefer not to answer                      **Year of Birth:** \_\_\_\_\_

**Other:** (select if desired):

I have a disability                                       I have limited English proficiency  
 I live in a rural area                                       I am an immigrant, refugee or asylum seeker

**Current status of applicant:**

U.S. Citizen     Lawful Permanent Resident     Undocumented     Unknown

KCSDV will make reasonable accommodations for persons with a disability or limited English speaking ability in completing or discussing applications and providing legal representation. Complete if applicable - I require the following accommodations in completing or discussing my application or in receiving legal representation:

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**Section 6: Application Checklist** (please initial the following statements if you agree)

I filled out the application entirely. \_\_\_\_\_

I understand that I am not guaranteed legal representation of any kind, and I continue to be solely responsible for any actions current or pending in my case/matter. I understand that if I have pending events (such as responding to a petition or motion) or hearings, KCSDV will make efforts to expedite my case, but I am responsible for ensuring that deadlines are met and hearings attended. KCSDV cannot guarantee representation or provide legal advice prior to a written representation agreement. KCSDV may deny your application because of insufficient time to process it. \_\_\_\_\_

I understand that I am not required to fill out this application in order to receive services from my local advocacy program. \_\_\_\_\_

I understand that my case number, case caption and type of action may be shared, with permission, with attorneys KCSDV contacts. If my case is accepted by an attorney, the case file and application received by KCSDV will be shared with the contract attorney via email or fax. \_\_\_\_\_

I understand that KCSDV attorneys may contact my advocate, with permission, in regard to my application. \_\_\_\_\_

I understand that, except in limited, exceptional circumstances, I am required to work with my local advocacy program in order to qualify for representation through the KCSDV LAV Project. \_\_\_\_\_

I have attached a completed Release of Information Form, including my information, my initials indicating that I have reviewed the form, and a date on which the release expires. \_\_\_\_\_

I understand that if a referral is made to an attorney in my case, I must contact that attorney within 10 days of when I am informed of the referral. \_\_\_\_\_

(ONLY fill out this section if you are requesting immigration assistance)

**Section 7: Immigration Assistance Request**

To your knowledge, what is your current immigration status? \_\_\_\_\_

I believe I may qualify for the following: \_\_\_\_ U-Visa Certification \_\_\_\_ U-Visa \_\_\_\_ T-Visa  
\_\_\_\_ DACA/DAPA \_\_\_\_ Refugee/ Asylum \_\_\_\_ VAWA Self-Petition \_\_\_\_ Other remedy \_\_\_\_\_

I am applying for: \_\_\_\_ only myself \_\_\_\_ myself and other family members

If you are applying for assistance for other family members, list the following:

Year of Birth	Relationship to you	Location (if different from you)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any additional information regarding your immigration standing that may be relevant. For example: are you located in or outside of the United States? \_\_\_\_\_

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

Have you applied for immigration relief before? Yes \_\_\_\_ No \_\_\_\_

If yes, what is the status or outcome of that case? \_\_\_\_\_

Have you previously been removed from the United States? Yes \_\_\_\_ No \_\_\_\_

Do you believe an immigration case may have been filed on your behalf? Yes \_\_\_\_ No \_\_\_\_

**OUR EVALUATION OR DENIAL OF YOUR CASE IS NO REFLECTION ON THE IMPORTANCE OR VALIDITY OF YOUR CASE OR ON YOUR NEED FOR AN ATTORNEY FOR ASSISTANCE.**

**PLEASE FAX COMPLETED APPLICATION AND ATTACHMENTS, USING THE CONFIDENTIAL COVER SHEET, TO KCSDV'S CONFIDENTIAL FAX NUMBER AT 785-232-1144.**

Confidentiality: Only KCSDV LAV staff will view your information on an as needed basis.

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