

Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire. If a particular question does not apply, enter "n/a".

APPLICANT INFORMATION:

Date: _____

Name: _____ DOB: _____ Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 County: _____ Work Phone: _____ E-mail Address: _____

Employer's Name (if any): _____ Employer's Address: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

What legal matter does this application concern?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Custody | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Property Issue | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Will |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Landlord/Tenant Issue | <input type="checkbox"/> Other: _____ |

OTHER PARTY'S INFORMATION:

Name: _____ DOB: _____ Home Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____

LIST ALL HOUSEHOLD MEMBERS:

Full Name	Date of Birth	Wages Paid Per Hour?	Hours Per Week Work?	If tips received, how much	Self-Employment /or odd job earnings	Unemployment Earnings per Week	Security Benefits Received Per Month	Retirement or Pension	Child Support	Other income
Applicant:										

Does anyone in the household receive Public Assistance? Yes ___ No ___ (*If applicant has applied for Public Assistance, but has not yet received a decision on benefits, application cannot be processed until decision is made)

If yes, list monthly amount for each: Food Stamps \$ _____ FIP \$ _____

***Applicants must provide last 30 days proof of income &/or DHS benefits before application can be completed.**

Child Support Paid		
Child Care Paid		
Rent/Mortgage		
Utilities		
Telephone		
Other, Explain		

Your application cannot be processed until all necessary documentation has been provided

Statistical Data

Muscatine Legal Services will not deny services to any person on the basis of sex, age, physical or mental handicap, race, religion, creed, color or national origin. Your identity is kept anonymous. The information we collect is strictly used to provide our funding donors with a general idea of which groups we serve.

1. Age: ___ 0-17 ___ 18-24 ___ 25-34 ___ 35-49 ___ 50-64 ___ 65↑
2. Sex: ___ Male ___ Female
3. Race: ___ Caucasian / White ___ African American ___ Hispanic / Latino ___ Native American
 ___ Asian ___ Multiracial ___ Other
4. Where do you live? ___ Muscatine, within city limits ___ Muscatine (outside the city limits)
 ___ Other (outside Muscatine)
5. Do you have a handicap? ___ Mental ___ Physical
6. Have you been a victim of Domestic Violence? ___ Yes ___ No
7. What is the highest level of education you have completed?
 ___ 8th grade or less ___ Some College or Trade School ___ 9th - 11th grade ___ College Graduate
 ___ High School Graduate ___ Trade School
8. Are you currently homeless? ___ Yes ___ No
9. How would you rate your knowledge on how this type of case is handled and what your rights are at this time?
 ___ No idea ___ Very little ___ I understand somewhat, but want to understand more
 ___ Pretty sure I know my rights, but want counsel from an attorney ___ I am completely aware of my rights, but wish to have an attorney
10. What are the main goals you would like to achieve from this case? _____

11. How did you hear about us? Friend/Referral/Newspaper/PhoneBook/Internet