

Montana Legal Services Association Application for Assistance

Complete the application to the best of your ability. All the information you provide in this application is private. We will not share without your permission.

| What type of legal problem do you need help with? Check all that apply. | | | | |
|---|---------------------------|---------------------------|--|--|
| | | | | |
| Custody/Parenting | 🗆 Human Trafficking | Security Deposit | | |
| Divorce | 🗆 Tax Issues | Housing Subs/Voucher | | |
| Order of Protection | 🗆 Employment | Foreclosure | | |
| Emancipation | 🗆 Money Problems | 🗆 Indian/Tribal Law | | |
| 🗆 Minor Guardianship | 🗆 Public Benefits | □ Wills/Estates | | |
| Victim of Crime | Eviction | Other | | |
| Applicant Information | | | | |
| | | | | |
| Name of Applicant: Date: | | | | |
| Other names you have gone by: | | | | |
| | | | | |
| Date of Birth: | | | | |
| Contact Information | | | | |
| Dreferred Dhere Number | | lama 🗆 Othaw | | |
| Preferred Phone Number: Safe to Call?: 	VES 	NO | | | | |
| Safe to Text?: \Box YES \Box NO | | | | |
| | | | | |
| Safe to Leave Voicemail?: 🗆 YES 🖾 NO | | | | |
| Email Address: | Safe to e | mail?·□YES.□NO | | |
| | | | | |
| Mailing Address: | Safe | to send mail?: 🗆 YES 🛛 NO | | |
| City: ZIP Cod | ode: County of Residence: | | | |
| County of Dispute (where court case is or would be filed): | | | | |
| | | | | |
| Preferred language, if other than English: | | | | |
| Adverse Party Information | | | | |
| _ | | | | |
| The adverse party is the person or organization this dispute is against. Common adverse | | | | |
| parties include spouses (divorce), co-parents (custody), landlords (eviction), or financial | | | | |
| institutions/creditors (collections). | | | | |
| | | | | |
| Name: Date of Birth (if known/applicable): | | | | |
| Additional adverse parties or other names used by adverse: | | | | |



| Citizenship Attestation | | | | |
|--|--|--|--|--|
| | | | | |
| Are you a citizen of the United States? \Box YES or \Box NO <i>(if yes, please sign below)</i> | | | | |
| | | | | |
| I attest that I am a citizen of the United States | | | | |
| | | | | |
| Signature: Date: | | | | |
| | | | | |
| Legal & Miscellaneous Questions | | | | |
| | | | | |
| Do you have an attorney currently helping you with this matter?: \Box YES \Box NO | | | | |
| | | | | |
| If you have been served court papers, what date were you served?: | | | | |
| Did you file a response or answer with the court?: \Box YES \Box NO | | | | |
| | | | | |
| Do you have a deadline or court date scheduled in the next 14 days?: \Box YES \Box NO | | | | |
| | | | | |
| If yes, when is the date and what is happening on that date?: | | | | |
| Are you a summary of Demostic Vielence related to this legal matter $2t \Box VEC \Box NO$ | | | | |
| Are you a survivor of Domestic Violence related to this legal matter?: \Box YES \Box NO | | | | |
| Are you a Veteran or Active Service Member?: 🗆 YES 🗆 NO | | | | |
| | | | | |
| Is this legal matter taking place on a reservation?: \Box YES: \Box NO | | | | |
| | | | | |
| If this is a custody matter, are you interested in mediation?: \Box YES \Box NO \Box N/A | | | | |
| | | | | |

If you are in need of legal information, be sure to go to <u>www.montanalawhelp.org</u> where you can find legal information and forms for legal problems such as divorce, parenting plans, landlord/tenant matters and public benefits. There are also numerous self-help law resources available in MT. See those resources at <u>www.mtlsa.org/legal-information/</u>

You can mail or fax this form to Montana Legal Services Association (MLSA).

| Our mailing address is: | Our fax number is: | Our Live HelpLine # is: |
|-------------------------|------------------------|-------------------------|
| Montana Legal Services | 406-442-9817 | 1-(800)-666-6899 |
| Association | | (Tuesday through |
| 616 Helena Ave, Ste 100 | Our email is: | Thursday 9:00AM – 1:00 |
| Helena, MT 59601 | helplineMLSA@mtlsa.org | PM) |
| | | |