

**APPLICATION FOR LEGAL ASSISTANCE FOR VETERANS' CLINIC**

Name: \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address:

\_\_\_\_\_ Street

\_\_\_\_\_ Apt. # (if any)                      \_\_\_\_\_ County

\_\_\_\_\_ City    \_\_\_\_\_ State    \_\_\_\_\_ Zip Code

Length of time at this address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Home  
(Address) \_\_\_\_\_

Phone Number:

Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Other number you can be reached at \_\_\_\_\_

Email address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
(If any)

Are you a Veteran? \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Branch of Service:

\_\_\_\_\_ Air Force                      Years of Service: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Army

\_\_\_\_\_ Coast Guard                      Discharge Type: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

\_\_\_\_\_ Navy

\_\_\_\_\_ National Guard

\_\_\_\_\_ United States Marine Corps

VA Card or VA Outreach verified \_\_\_\_\_ Yes \_\_\_\_\_ No

DD214 verified \_\_\_\_\_ Yes \_\_\_\_\_ No

**WHAT IS THE LEGAL PROBLEM/ISSUE YOU WISH TO DISCUSS WITH AN ATTORNEY?**

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**IS YOUR LEGAL ISSUE ALREADY FILED IN BREVARD COUNTY?**

\_\_\_\_\_

**IF YES:**

- (i) Style of Case: \_\_\_\_\_
- (ii) Case Number: \_\_\_\_\_

**DOES YOUR LEGAL PROBLEM/ISSUE FALL INTO ANY OF THE BELOW CATEGORIES: (Circle Category)**

**CONSUMER/ FINANCE:**

- 01: Bankruptcy, Debtor Relief**
- 02: Collection/Repossession/ Garnishment**
- 03: Contracts/ Warranties**
- 04: Creditor Harassment**
- 05: Predatory Lending Practices**
- 06: Unfair & Deceptive Trade Practices**
- 07: Other Consumer/Finance Issues** \_\_\_\_\_

**EDUCATION:**

- 08: Discipline (including expulsion & suspension)**
- 09: Special Education/ learning disabilities**
- 10: Student Financial Aid**
- 11: Other Education Issues**

**EMPLOYMENT:**

- 12: Job Discrimination**
- 13: Wage Claims**
- 14: Other Employment Issues**

**FAMILY:**

- 15: Adoption**
- 16: Divorce**
- 17: Child Custody/Visitation**
- 18: Guardianship**
- 19: Separation/Annulment**
- 20: Name Change**
- 21: Domestic Violence**
- 22: Paternity**
- 23: Child Support**
- 24: Other Family Issues**

**JUVENILE:**

- 25: Delinquent**
- 26: Emancipation**
- 27: Other Juvenile Issues**

**HEALTH:**

- 28: Medicaid**
- 29: Medicare**
- 30: Other Health Issues**

**HOUSING:**

- 31: Federal Subsidized Housing**
- 32: Mortgage Foreclosure**
- 33: Landlord/Tenant**
- 34: Other Housing Issues**

**INCOME MAINTENANCE:**

- 35: Social Security**
- 36: SSDI**
- 37: Unemployment Compensation**
- 38: Veterans Benefits**
- 39: Other Income Maintenance Issues**

**INDIVIDUAL RIGHTS:**

- 40: Immigration/ Naturalization**
- 41: Disability Rights**
- 42: Human Trafficking**
- 43: Other Individual Rights**

**ESTATE PLANNING:**

**44: Wills**

**45: Trusts**

**46: Power of Attorney 47:**

**End of Life Directives**

**48: Other Estate Planning**

**FINANCIAL**

**Your annual net income from all sources: \$ \_\_\_\_\_ Weekly Monthly Yearly**

**Income received from:**

**Earned Income (monthly): \$ \_\_\_\_\_**

**Social Security: \$ \_\_\_\_\_**

**Social Security Income: \$ \_\_\_\_\_**

**SS Disability Income: \$ \_\_\_\_\_**

**VA Service Connected Disability: \$ \_\_\_\_\_**

**SNAP (food stamps) etc. \$ \_\_\_\_\_**

**VA NON-Service Connected Pension: \$ \_\_\_\_\_**

**Other: \_\_\_\_\_**

**REAL PROPERTY**

**I own the following REAL property: \_\_\_\_\_**

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

**I own the following TANGIBLE OR INTANGIBLE property worth more than \$100:**

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

**CASH**

**I currently have \$ \_\_\_\_\_ cash on hand**

**In my CHECKING account at \_\_\_\_\_, I have a balance of \$ \_\_\_\_\_**

**In my SAVINGS account at \_\_\_\_\_, I have a balance of \$ \_\_\_\_\_**

**In my MONEY MARKET account at \_\_\_\_\_, I have a balance of \$ \_\_\_\_\_**

**DEPENDANTS**

**My dependents are:**

| <b>Name</b> | <b>RELATION</b> | <b>AGE</b> |
|-------------|-----------------|------------|
| _____       | _____           | _____      |
| _____       | _____           | _____      |
| _____       | _____           | _____      |
| _____       | _____           | _____      |

**DEBT**

**My debts are:**

**DEBTOR**

**AMOUNT OWED**

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**OTHER DECLARATIONS OF INDIGENCY**

**I \_\_\_ have \_\_\_ have not been adjudicated indigent under Section 57.085, F.S.**

**I \_\_\_ have \_\_\_ have not been certified indigent under Section 57.081, F.S.**

**I \_\_\_ have \_\_\_ have not been authorized to proceed as an indigent under 28 U.S.C. s.1915  
by a federal court.**

**I AM UNABLE TO PAY COURT COSTS AND FEES.**

\_\_\_\_\_  
**Signature**

**Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_**