

APPLICATION FOR LEGAL ASSISTANCE FOR VETERANS' CLINIC

Name: _____
 Last **First** **Middle**

Gender: _____

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)

Your annual net income from all sources: _____ (please list individual amounts below)

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: _____

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

Your Age: _____ Your Birth Date: _____

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

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