APPLICANT AGREEMENT FOR LEGAL ASSISTANCE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have asked **AZ DAV LEGAL CLINIC** assist me by providing a volunteer lawyer to assist me with my legal issue. I hereby agree to the following:

\_\_\_\_ All information I have given to **AZ DAV LEGAL CLINIC** is true and correct to the best of my knowledge and belief. **AZ DAV LEGAL CLINIC** may terminate services at any time if it learns that I made untrue or false statements or misrepresented the facts of my case.

\_\_\_\_ **AZ DAV LEGAL CLINIC** may examine and copy any records or documents containing information relating to my case and my use this information in order to place my case with a volunteer attorney.

\_\_\_\_ I will provide all requested documents or information to **LEGAL CLINIC DIRECTOR** within thirty (30) days of my initial contact with the Legal Clinic Director or my case may be closed.

\_\_\_\_ I will be responsible for contacting the **LEGAL CLINIC DIRECTOR** if there are changes regarding my address, telephone number, employment, household income, pregnancy, or other situations that affect my case. I understand that my case may be closed if I fail to notify **AZ DAV LEGAL CLINIC** of relevant changes that affect my eligibility.

\_\_\_\_ I will be responsible for all filing fees.

\_\_\_\_ I AM RESPONSIBLE for any additional costs that are incurred during my case.

\_\_\_\_ **I understand that AZ DAV LEGAL CLINIC does NOT represent me.AZ DAV LEGAL CLINIC** will contact me if they are able to find a volunteer lawyer to meet with me

\_\_\_\_ In the event my legal issue cannot be resolved at the Legal Clinic. **AZ DAV LEGAL CLINIC** will provide me with a list of participating attorneys who have agreed to provide assistance at a reduced rate to be determined by each individual attorney. IT WILL BE MY RESPONSIBILITY to call and set up an appointment with the attorney.

\_\_\_\_ I understand that representation by the attorney will not begin until the attorney and I sign a Professional Services Agreement.

I certify that: \_\_\_\_I am a U.S. Citizen \_\_\_\_I am a Legal Permanent Resident \_\_\_\_I am undocumented

**DOCUMENT DISPOSAL**

 I GIVE MY CONSENT TO **AZ DAV LEGAL CLINIC** TO DESTROY ANY FILES CONTAINING INFORMATION AND MATERIALS EITHER OBTAINED OR CREATED BY **AZ DAV LEGAL CLINIC** IN ASSOCIATION WITH **AZ DAV LEGAL CLINIC** OR ANY POTENTIAL ATTEMPT TO REFER MY CASE TO A VOLUNTEER FIVE YEARS FROM TODAY’S DATE.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_I have received a copy of this form.

Before **AZ DAV LEGAL CLINIC** can fully evaluate your matter, you must provide the following items:

**Please provide ONLY photocopies of any documentation.** Any originals submitted to WILL BE TREATED as copies (unstapled, re-stapled, copied, hole-punched, filed, and eventually destroyed and NOT returned).

You must provide photocopies of the following for your file to be considered for representation:

A **signed** copy of the “Applicant Agreement”

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**Please return all documentation to:**

**LEGAL CLINIC DIRECTOR – John Tokarz**

**Email:** vetlegalclinic@gmail.com@gmail.com

**Mail:** 38 West Dunlap Ave.

 Phoenix, AZ 85021

**Or fax:** 602-371-0275

**You MUST provide your required documents to the Legal Clinic Director at least 10 days prior to the clinic that you wish to attend, to be considered for services.**

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

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Issue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_I have received a copy of this form.

**Financial Declaration**

Your signature on this page indicates your certification that your gross, annual income **falls below the applicable category below**.

Household Size Gross Annual Household Income

1. $ 42,102.00
2. $ 55,118.00
3. $ 55, 654.00
4. $ 61, 023.00

Each additional Add $ 8,100.00

I verify that the income information I have provided for the purpose of participating in the **AZ DAV LEGAL CLINIC** is true and correct to the best of my knowledge.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**ARIZONA DISABLED VETERANS**

**LEGAL CLINIC**

38 West Dunlap Ave.

Phoenix, AZ 85021

DISCLAIMER

I understand that the person I meet with at the Arizona Disabled Veteran (AZDAV) Legal Clinic is available to conduct an interview to obtain facts about my request for legal services and my legal problem and that person is not agreeing to become my legal representative.

I understand that if the AZDAV Legal Clinic determines that assistance can be provided by this Legal Clinic, I may receive additional information or assistance or advice from a licensed attorney, or I may be provided with a list of private attorneys who are willing to further assist me at a reduced fee.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_