

Legal Assistance for Victims Application

This application is for victims of domestic violence, sexual assault, stalking and/or dating violence who are requesting legal assistance through the University of Wyoming Family and Child Legal Advocacy Clinic or the Wyoming Coalition Against Domestic Violence and Sexual Assault

☐ If you want help with this application, please check this box, fill out the first page of the application and fax or mail it to a program listed on the back page of this application. We can help you fill it out over the phone or in person.

WHAT TYPE OF LEGAL MATTER(s) DO YOU WANT HELP WITH? (Check all that apply)

- ☐ Divorce ☐ Domestic Violence Protection Order ☐ Stalking Protection Order ☐ Custody/Visitation
☐ Child Support ☐ Spousal Support ☐ Housing (incl. landlord/tenant) ☐ Establishment of Paternity ☐ Employment
☐ Consumer Debt or Finance ☐ Immigration ☐ Other (please describe): _____

LEGAL DOCUMENTS: If you received or filed legal papers in this case please check the "yes" box below and list the date you received or filed the papers or if there is a court date, please list the date of the hearing.

- ☐ Yes ☐ No If yes, who filed? _____
What is the title of the document? _____
On what date were you served or did you file? _____

*** PLEASE ATTACH A COPY OF ANY LEGAL PAPERS (Protection Orders, Complaints for Divorce, etc.) YOU RECEIVED OR YOU FILED***

I. YOUR INFORMATION:

Full legal name: _____ Age: _____ Date of Birth: _____
Gender: ☐ Male ☐ Female ☐ Other Maiden/Non-Marital Name: _____ Place of Birth: _____
Safe phone numbers where we can contact you: Home: _____ Work: _____ Cell: _____
Street Address: _____ City/State/Zip: _____
Is it safe to send mail to you at this address? ☐ Yes ☐ No If not, list a safe address where you can receive mail: _____
Safe email address: _____
Do you live in Wyoming now? ☐ Yes ☐ No If yes, how long have you lived in Wyoming? _____
Other ways to contact you: _____
If we cannot find you, who can we contact to find you? Name: _____ Relationship: _____
Address: _____ Phone Number: _____
Have you talked to anyone about safety planning? ☐ Yes ☐ No If so, who or what organization? _____

II. CHILDREN: Are any children involved in this legal matter? ☐ Yes ☐ No If yes, how many? _____

III. OTHER PERSON'S INFORMATION (sometimes called "opposing" party)

Full legal name: _____ Nicknames/Aliases: _____
Phone numbers: Home: _____ Work: _____ Cell: _____ Date of Birth: _____
Street Address: _____ Mailing Address (if different) _____
City/State/Zip Code: _____
Age: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female
Relationship to you: ☐ Current Spouse ☐ Former Spouse ☐ Current or Former Intimate Partner ☐ Dating relationship ☐ Stranger
☐ Other Family Member (Sibling, Parent, etc.): _____ ☐ Other: _____

-----FOR OFFICE USE ONLY-----One person should complete the following:-----

DATE RECEIVED _____ **DATE REVIEWED** _____ **Type:** ☐ Domestic Violence ☐ Stalking ☐ Sexual Assault
Status: ☐ Approved ☐ Denied ☐ Waitlist ☐ Applicant notified ☐ Referred to: _____ **Other:** LRI signed? ☐ Yes ☐ No
Conflict checked: ☐ Coalition ☐ Clinic **Follow up (if necessary):** ☐ In person or telephone interview ☐ Immigration, Sexual Assault or Stalking Intake (circle one +)
☐ Safety Plan ☐ Other: _____ **Assign to:** ☐ CLINIC ☐ COALITION **Initials:** _____

IV. DISABILITY OR SPECIAL NEEDS/INTERPRETER REQUESTS:

Do you consider yourself to be a person with a disability? ☐ Yes ☐ No

If yes, please describe the disability or any accommodations you will need: _____

What is your preferred language if different from English? _____ Will you need an interpreter? ☐ Yes ☐ No

V. OTHER INFORMATION (For data collection purposes only):

Your Race/Ethnicity: ☐ White ☐ Hispanic or Latino ☐ Black or African-American ☐ Asian

☐ American Indian or Alaska Native ☐ Native Hawaiian and other Pacific Islander ☐ Other: _____

VI. GENERALLY EXPLAIN WHAT HAS HAPPENED AND WHY YOU ARE ASKING FOR LEGAL HELP:

VII. FOR DOMESTIC VIOLENCE VICTIMS:

A. Has your spouse/partner or the opposing person ever been physically violent with you? ☐ Yes ☐ No If yes, explain: _____

B. Has your spouse/partner or the opposing person threatened you? ☐ Yes ☐ No If yes, explain: _____

C. When was the last incident of either physical violence or threats? _____

Describe what happened: _____

D. What was the worst incident involving you and your spouse/partner or the opposing person? Explain: _____

E. Has anyone seen or heard your spouse/partner or the opposing person hurt or threaten you? ☐ Yes ☐ No If yes, explain: _____

F. Have you ever sought medical attention for yourself or your child(ren) because of your spouse/partner or the opposing person? ☐ Yes ☐ No Please explain: _____

G. Has the Department of Family Services ever investigated you, your spouse/partner or the opposing person, or your children? ☐ Yes ☐ No Please explain: _____

H. **Check all that apply:** ☐ Weapons have been used/threatened ☐ I have been strangled/choked

☐ I have been forced to have sex

I. Has your spouse/partner or the opposing person ever hurt your pets or destroyed your clothing, objects in your home, or something that you especially cared about? ☐Yes ☐No If yes, explain: _____

J. Does your spouse/partner or the opposing person have a history of parental kidnapping or threats of kidnapping?

☐Yes ☐No If Yes, explain: _____

K. Does your spouse/partner or the opposing person currently have any firearms or weapons? ☐Yes ☐No If Yes, what kind (i.e. shotgun, handgun) and how many? _____

Where are the firearms or weapons kept? _____

L. Has your spouse/partner or the opposing person ever tried to keep you from leaving your home? ☐Yes ☐No If Yes, explain: _____

M. Have any **protection/stalking orders** been ordered for/against you or the opposing person? If yes, **attach copy**:

Date	City/County & State Where Obtained	Current Status	Order issued against whom? (you or name of other person)

VIII. FOR SEXUAL ASSAULT VICTIMS OR THEIR GUARDIANS:

A. Are there any other legal actions pending? ☐Yes ☐No If so, briefly describe: _____

Law Enforcement Information:

Have the police been contacted? ☐Yes ☐No ☐I don't know

If the police have not been contacted, are you considering reporting? _____

An additional intake form for sexual assault victims/survivors should be requested and attached to this application.

If you have questions, please call one of the legal projects listed on the last page of the application.

IX. FOR STALKING VICTIMS:

A. Do you know the stalker? ☐Yes ☐No If yes, how? _____

B. Please explain what this person has done to you to make you afraid, and when and how many times it has been done: _____

An additional intake form for stalking victims/survivors should be requested and attached to this application.

If you have questions, please call one of the legal projects listed on the last page of the application.

X. PLEASE FILL THIS PAGE OUT IF YOU NEED HELP WITH DIVORCE/CHILD CUSTODY/SUPPORT OR GUARDIANSHIP

CITY/COUNTY OF MARRIAGE	STATE	DATE OF MARRIAGE	LAST DATE LIVED TOGETHER

CHILDREN:

A. Are you or the opposing person pregnant? ☐Yes ☐No If yes, what is the due date? _____

B. Please list the following information for all of your children **or** the children you are seeking guardianship over:

Child's First & Last Name	Date of Birth	City and State of Birth	Who is child living with now?	Name of Mother	Name of Father

C. Where have the children born/adopted to you and the opposing party lived in the last 5 years? (Children under 5, list information from birth to the present)

Child's Name	Resided in which City & State?	Dates (from when – to when)	Who did child live with?

D. Have there been **any other Court actions** about the child(ren) (child support, custody, abuse/neglect, protection orders, foster care, etc.)? ☐Yes ☐No Please explain: _____

If yes, **attach a copy** of each order and list them below:

Type of Action	County/State of Courthouse	Date of Order	Date(s) that Order was Changed

E. If you wish to change an existing court order, please describe what has changed since the last order was entered and why it is in the best interest of the child(ren) to change the current order: _____

☐ **Court Order Attached (You must attach the court order you wish to have changed.**

XI. FINANCIAL INFORMATION:**A. Other Person's (Opposing Party) Sources of Income:**

Employed by: _____ Monthly income before taxes is: _____

☐ Not employed: Last employer: _____ Last date he/she was employed: _____

Other income (unemployment, food stamps, child support, social security, etc.): Describe types and amounts: _____

B. Your Sources of Income (Please include copies of your tax returns for the past 2 years and recent paystubs):

Employed by: _____ Monthly Gross Income* (before deductions) is: _____

If paid hourly: Amount per hour _____ Number of hours per week _____

☐ Not employed: Last employer: _____ Last date you were employed: _____

Describe types and amounts of other income:

Other Type of Monthly Income (List amount per month)	Amount per Month
Payments from governmental programs (i.e. food stamps)	
Social Security (i.e. disability, survivor's benefits, etc.)	
Unemployment or Worker's Compensation	
Spousal Support	
Child Support	
Veterans Benefits	
Military Family Allotments	
Other Regular or Recurring Sources of Financial Support	

* Gross income (includes tips, commission and bonuses. Monthly amounts are calculated by multiplying weekly amount by 52 and dividing by 12; multiplying bi-weekly amounts by 26 and dividing by 12; and multiplying semi-monthly amounts by 24 and dividing by 12.

C. How many people do you live with? _____ Please list in the chart below:

Name	Relationship to you	Monthly Income (Wages, Unemployment, Retirement, Social Security, Child Support, Food Stamps, etc.)

Total Income of other people living with you: _____

D. Assets: (add additional pages if necessary)

Type:	Description and/or Location	Names on Account or Title	Value/Amount	Balance	Location of Property or name of bank or credit union
Savings Accounts					
Checking Accounts					
Homes/Property					
Vehicles					
Other Motor Vehicles					
Misc.					

Total Assets: _____

Other regular or recurring sources of financial support: Will you be receiving, or have you received, a tax refund for last year's taxes?_____

If so, what amount?_____

E. LIABILITIES (Bills to be Paid)

Type of bill (child care, gas, rent, food)	Amount	Type of Bill (child care, gas, rent, food)	Amount
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Total Liabilities: \$_____

XII. OTHER INFORMATION:

If there is any other information we should know before reviewing this application, please state here:

By signing below, I certify that the information contained above is true and accurate to the best of my knowledge, information and belief. I understand that not all applicants are eligible for legal representation. Until I am notified in writing that my case has been accepted, I understand that I am an applicant for services only and at this time I am not a Legal Project client, nor am I on the Legal Project waitlist.

Date: _____Signature: X _____

- ☐ Other Documents or Papers Attached
- ☐ Stalking Intake ☐ Sexual Assault Intake ☐ Immigration Intake
- ☐ Court Documents ☐ Other: _____

Send application to the following location:

If you live in Albany, Carbon, Laramie, Platte, Niobrara or Goshen County, send to:
Family & Child Legal Advocacy Clinic
1000 E University Ave
Dept. 3010
Laramie, WY 82073
Phone: (307) 766-3747
Fax: (307) 766-4823

If you live in any other county or location, send to:

WCADVSA Legal
P.O. Box 236
Laramie, WY 82073
Phone: 307-755-0992
Fax: 307-755-5482

*** The following form is a limited release of information. Filling it out gives consent allowing the confidential information provided in your application to be shared with partnering agencies, programs, and individuals you indicate on the form in order to provide you with the most complete legal services possible. If you give consent to share your information, please fill out this form as completely as possible by listing specific names or agencies with whom we may share information and checking the appropriate boxes.*

LIMITED RELEASE OF INFORMATION

Read First: Before you decide whether or not to let the Legal Project share some of your confidential information with another agency or person, you have the right to discuss all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want the Legal Project to release some of your confidential information, you can use this form to choose what is shared, how it is shared, with whom, and for how long.

I understand that the Legal Project has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow the Legal Project to release some of my personal information to certain individuals or agencies.

I, _____, authorize the Legal Project to share the following specific information with:

Name

The WCADVSA Legal Project may share my information with:	(Example: An advocate, or organization, and a representative from the Legal Project)
What information about me can be shared:	(List as specifically as possible, for example: name, dates of service, any documents)
Why I want my information shared: (purpose)	(Information will only be shared to allow communication between two agencies or people to better serve you)

Information may be shared: (Check all that apply)	<input type="checkbox"/> In person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email <input type="checkbox"/> <i>I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people</i>
---	---

Please note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by the Legal Project.

I understand:

- ☐ That I do not have to sign a release form.
- ☐ I do not have to allow the Legal Project to share my information. **Signing a release form is completely voluntary.** That this release is limited to what I write above. If I would like the Legal Project to release information about me in the future, I will need to sign another written, time-limited release.
- ☐ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from the Legal Project.
- ☐ That within the professional parameters of the Legal Project and other agencies it may not be possible to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

I understand that this release is valid at the time I sign it and shall remain valid for ☐ One (1) year from the date below (see box below) and that I may withdraw my consent to this release at any time either in person, on the phone or in writing.

Signature: _____ **Date:** _____ **Witness:** _____

If you would like this release to be valid for an amount of time less than one year, please indicate the date it shall expire:

(Month/Day/Year)