

Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire. If a particular question does not apply, enter "n/a".

APPLICANT INFORMATION:

Date: _____

Name: _____ DOB: _____ Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 County: _____ Work Phone: _____ E-mail Address: _____

Employer's Name (if any): _____ Employer's Address: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/weekly (circle one)

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

What legal matter does this application concern?

- Divorce Domestic Violence Custody Child Support
 Visitation Property Issue Guardianship Will
 Social Security Power of Attorney Landlord/Tenant Issue Other: _____

OTHER PARTY'S INFORMATION:

Name: _____ DOB: _____ Home Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____

LIST ALL HOUSEHOLD MEMBERS:

Full Name	Date of Birth	Wages Paid Per Hour?	Hours Per Week Work?	If tips received, how much	Self-Employment /or odd job earnings	Unemployment Earnings per Week	Security Benefits Received Per Month	Retirement or Pension	Child Support	Other income
Applicant:										

Does anyone in the household receive Public Assistance? Yes ___ No ___ (*If applicant has applied for Public Assistance, but has not yet received a decision on benefits, application cannot be processed until decision is made)

If yes, list monthly amount for each: Food Stamps \$ _____ FIP \$ _____

***Applicants must provide last 30 days proof of income &/or DHS benefits before application can be completed.**

Child Support Paid		
Child Care Paid		
Rent		
Utilities		
Telephone		
Other, Explain		

Your application cannot be processed until all necessary documentation has been provided

Statistical Data

Muscatine Legal Services will not deny services to any person on the basis of sex, age, physical or mental handicap, race, religion, creed, color or national origin. Your identity is kept anonymous. The information we collect is strictly used to provide our funding donors with a general idea of which groups we serve.

1. Age: 0-17 18-24 25-34 35-49 50-64 65+
2. Sex: Male Female
3. Race: Caucasian / White African American Hispanic / Latino Native American
 Asian Multiracial Other
4. Where do you live? Muscatine, within city limits Muscatine (outside the city limits)
 Other (outside Muscatine)
5. Do you have a handicap? Mental Physical
6. Have you been a victim of Domestic Violence? Yes No
7. What is the highest level of education you have completed?
 8th grade or less Some College or Trade School 9th - 11th grade College Graduate
 High School Graduate Trade School
8. Are you currently homeless? Yes No
9. How would you rate your knowledge on how this type of case is handled and what your rights are at this time?
 No idea Very little I understand somewhat, but want to understand more
 Pretty sure I know my rights, but want counsel from an attorney I am completely aware of my rights, but wish to have an attorney
10. What are the main goals you would like to achieve from this case? _____

11. How did you hear about us? Friend/Referral/Newspaper/PhoneBook