

Alaska Pro Bono Program Inc. Application

Please mail to: APBP – PO Box 140191 Anchorage, AK 99514 or e-mail to knyquist@alaskaprobono.org. All questions may not be applicable.

General Client Information

Last Name: _____ First name: _____ Middle: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

Mailing address, if different from above: _____

Social Security Number (if any): _____ Birth date: _____

Primary language: _____ Interpreter needed? _____

I certify that I am a citizen of the U.S. _____ (initials)

Legal resident/immigrant: _____ Country of origin: _____

Alien # (if applicable): _____

Are you imprisoned? ___ yes ___ no where? _____

Employer: _____

Optional Client Information for Individual Applicants

Single

Married

Widowed

Divorced

Male

Female

Ethnicity _____

Financial Information

FINANCIAL INFORMATION

How many family members are in your household?

Children (list names and ages)

Adults (list names and ages)

How many family members outside your household depend on you for support?
 (Provide names, addresses and relationship to you)

Amount of present monthly family income **before** taxes:

Your Wages	\$	Veterans Benefits	\$
Spouse's Wages	\$	Longevity Bonus	\$
Social Security	\$	Other Gov't Benefits	\$
SSI	\$	Alimony/Child Support	\$
APA	\$	Workermen's Comp.	\$
ATAP	\$	Interest/Dividends	\$
GR/GRM	\$	Other Income	\$
Unemployment	\$		

Total Monthly Income _____ Total family income during the last twelve (12)
 months before taxes? \$ _____

List family expenses:

Special Expenses (medical bills, childcare, etc.) that have significantly reduced your income?

Household Assets:

Building/Home	\$
Land	\$
Auto/Snow Machine	\$
Boats/Aircraft	\$
Allotment	\$
ANSCA Stock	\$
Indian Trust Property	\$
Limited Entry	\$
Bank Accounts	\$
Stocks/Bonds	\$
Business Interests	\$
Other Assets	\$

Briefly describe legal problem:

If an attorney has already agreed to assist the above named client, please provide the following:

Attorney's Name: _____

Referring Person's Comments:

Prepared by: _____

Date: _____

Clients Signature: _____

Date: _____