

VOLUNTEER LAWYERS PROJECT APPLICATION FORM

If you are a low-income resident of Erie County and are interested in filing for divorce (VLP) may be able to assist you. Please fill out the following application completely and fax, mail, or drop it off at our office:

Volunteer Lawyers Project, Inc.
438 Main Street, 7th Floor
Buffalo, NY 14202
Fax: 716-847-0307

In filing out this form, you are only applying to see if you qualify for help. If we are not able to accept your case, the form will be destroyed according to VLP record-keeping policy. You should also know that completing this form does not make you a client of VLP and does not create an attorney-client relationship. The information will remain confidential

Please note that it could take 7 days before you hear a response. Thank you for your patience

1. Information about you:

First Name: _____ Last Name: _____

DOB: _____ Social Security Number: _____

Any other names that you have ever used: _____

Address: _____

Phone number: _____ Cell number: _____ Work number: _____

Can we leave a voice mail? Yes No **E-mail:** _____

Gender: Male Female

Do you have a court date already? Yes No : If yes, where and when _____

Do you currently have an attorney for this legal issue? Yes No : If yes, who: _____

Have you ever had an attorney on this legal issue? Yes No : If yes, who: _____

List any children born during the marriage whether you claim are marital children or not:

Child's name

Gender

DOB

2. Information about the other party (we will not be contacting them)

First Name: _____ Last Name: _____
DOB: _____ Social Security Number: _____
Any other names that they have used: _____
Address: _____

3. Eligibility Information. Please take the time to accurately and fully answer this section as it will allow us to pre-screen your eligibility for our services

- A. County of your residence: _____
- B. County of **dispute/court**: _____
- C. Citizenship: US Citizen Lawful Permanent Resident Other
- D. Your Social Security Number: _____
- E. Household: Please tell us how many people of each age category live in your home including yourself
0-17years old: _____ 18-59 years old: _____ 60+years old _____

F. INCOME: Please write in the amount of gross monthly income that everyone in your household receives in all of the applicable categories.

	Self	Others		Self	Others
Employment:	\$ _____	\$ _____	SSI:	\$ _____	\$ _____
Self Employed:	\$ _____	\$ _____	Food Stamps:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____	Alimony:	\$ _____	\$ _____
Worker's Comp:	\$ _____	\$ _____	Child Support:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____	Retirement:	\$ _____	\$ _____
SSD:	\$ _____	\$ _____	Other:	\$ _____	\$ _____

F. ASSETS: Please write in the value of any of the assets you have:

Cash and bank accounts: _____ Vehicle (year & make): _____
Real Property (home): _____ Other real property: _____

- H. Housing type: BMHA Subsidized Section 8
 Own: Value of the home: \$ _____ Mortgage: \$ _____
 Rent: \$ _____

**Please attach copies of all sources of income listed above.
If you did not complete this section and sent in proof of your income,
VLP cannot review your application.**