

FAMILY VIOLENCE PREVENTION SERVICES, INC. APPLICATION FOR LEGAL SERVICES

4. Below, please provide some information about yourself. If you do not have a Social Security Number or Driver's License, please write "N/A" in the appropriate space(s).

Social Security Number: _____ - _____ - _____

Driver's License: _____ **State of License:** _____

Age: _____ **Date of Birth:** _____ **Race:** _____

Sex (female/male): _____

Place of birth: _____
City State Country

5. Please record your citizenship or immigration information below. If a category does not apply to you, please write "N/A" in the appropriate space(s).

Are you a U.S. Citizen? Yes: _____ **No:** _____

If not, do you have a VISA? _____ Work Pass? _____ Other? _____

Are you a Permanent Resident? _____ Are you Undocumented? _____

6. Are you currently in the military? Yes: _____ No: _____

If yes, what branch? _____ Current rank? _____ Number of years? _____

Active Duty or Reserves? _____ Which Base? _____

Are you retired or separated from the military? Yes: _____ No: _____

If yes, how long ago? _____ Were you honorably discharged? _____

7. Are you living by yourself? ___ with your spouse? ___ with relatives? ___ with a friend? ___

Name(s): _____

Relationship(s): _____

8. _____

Employer Name Address

How long have you been employed there? _____

Are you full-time or part-time? _____

If you are not currently employed, please answer the following:

Have you ever been employed? Yes _____ No _____

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Is the Adverse Party retired or separated from the military? Yes: _____ No: _____

If yes, how long ago? _____ Was he/she honorably discharged? _____

15. Is the Adverse Party a U.S. Citizen? Yes: _____ No: _____

16. Does the Adverse Party have a mental or physical condition? Yes: _____ No: _____

If you answered "yes," explain the condition and indicate whether he/she has any diagnosis:

17. Did you ever reside with the Adverse Party? Yes: _____ No: _____

If you answered "yes," when did you separate? _____

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INFORMATION ABOUT CHILDREN

18. List all of your minor children, even if they have different parents and even if they are not currently living with you:

Child #1 Sex: _____

Child #2 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Address

Child's Present Address

Child's School/Daycare

Child's School/Daycare

Child #3 Sex: _____

Child #4 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Address

Child's Present Address

Child's School/Daycare

Child's School/Daycare

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Child #5 Sex: _____

Child #6 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Address

Child's Present Address

Child's School/Daycare

Child's School/Daycare

Has anyone from CHILD PROTECTIVE SERVICES ever contacted you? Yes _____ No _____

If you answered "yes," please provide the case worker's name, phone number, and the circumstances:

FAMILY VIOLENCE

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse includes physical, sexual, emotional, economic, and psychological actions or threats of actions that influence another person. Domestic violence may result in emotional trauma and physical injury and may include the abuse of children and other family members, as well as intimate partners.

To assist our agency in assessing the urgency of your case, please state the nature of the violence that happened to you and/or your children. Give the month, day, and year of each incident and explain what the adverse party did. Please note if there are police reports and give the case numbers, if so. Please include ALL the incidents of violence you experienced, including those that are not very recent and those that did not involve the police. If you do not remember the dates of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and give the frequency with which it happened. You may copy the following page, if you need more space.

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Date of Incident: _____ **or Frequency of Abuse:** _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ **No** _____

If the police were contacted, was the adverse party arrested? Yes _____ **No** _____

Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ No _____

If the police were contacted, was the adverse party arrested? Yes _____ No _____

Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ No _____

If the police were contacted, was the adverse party arrested? Yes _____ No _____

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YOUR FINANCIAL INFORMATION

The following information will be used to determine financial eligibility and compile an affidavit that you will be required to sign and notarize in order to have the filing fees in your case waived if we are able to accept your case. Thus, this information **MUST** be accurate.

<u>Monthly Income</u>	<u>Amount</u>
a) Gross Income from Employment	\$ _____
b) Child Support	\$ _____
c) Retirement	\$ _____
d) SSI/Social Security	\$ _____
e) TANF	\$ _____
f) Food Stamps	\$ _____
g) Unemployment Benefits	\$ _____
h) Military Housing Allowance	\$ _____
i) Military Food Allowance	\$ _____
j) Other income	\$ _____
Source of other income: _____	
k) Current Partner's Income	\$ _____
(if your current partner is NOT the adverse party)	

Number of Dependents: _____
(Dependents include any children under age 18, including children NOT of the marriage)

Do you have any bank accounts in your name? Yes _____ No _____
If you answered "yes," please list all accounts and balances:

Account Type/ Balance: _____

Account Type/Balance: _____

Do you have any retirement accounts in your name? Yes _____ No _____
If you answered "yes," please list the account balance:

Account Balance: _____

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