

APPLICATION FOR LEGAL SERVICES CUSTODY AND SUPPORT

File No.: _____ [office use only]

PLEASE ANSWER ALL QUESTIONS IN THIS APPLICATION. IF YOU FAIL TO ANSWER THE QUESTIONS MARKED IN BOLD, YOUR APPLICATION WILL BE AUTOMATICALLY REJECTED. THE FOLLOWING INFORMATION IS FOR OUR USE ONLY. WE WILL LET YOU KNOW IF YOUR APPLICATION HAS BEEN ACCEPTED WITHIN FOUR WEEKS.

Applicant Name: _____
First Name
Middle Name
Last Name

Do you have a pending case in court? Yes: _____ No: _____

If you answered “yes,” what is the cause number? _____

When was the case filed? _____ What county is your case filed in? _____

Was the case filed by you or the other parent? _____

If the case was filed by the other parent, when were you served? _____

If the case was filed by the other parent and you were served, did you file an answer? Yes ___ No ___

If the case was filed by you, did you have an attorney? _____

What date is your next court hearing? _____

Are you receiving services from Family Violence Prevention Services? Yes: _____ No: _____

If you answered “yes,” what services are you receiving? _____

PLEASE PROVIDE A COPY OF YOUR PLEADINGS AND COURT ORDERS.

Do you have copies of the following EVIDENCE?

	Yes	No		Yes	No
Pictures?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Police reports?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them with this application?	<input type="checkbox"/>	<input type="checkbox"/>
Medical records?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls/text messages?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Court orders for child support?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide names and contact info?	<input type="checkbox"/>	<input type="checkbox"/>
Screenshots of social media?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>

Return completed application to Family Violence Prevention Services, Inc. Attn: Legal Services Dept., 7911 Broadway, San Antonio, Texas 78209, Fax: (210) 314-1016, Email: Natalie.Pruitt@fvps.org

YOUR INFORMATION

1. _____
First Name **Middle Name** **Last Name**

Maiden Name

2. **Your Address:** _____
Street **Apartment/Building**

City **State** **Zip code**

Alternate Safe Mailing Address (in the event you move from your current address):

Street **Apartment/Building**

City **State** **Zip code**

County of Residence: _____

How long have you lived in your county of residence? _____

How long have you lived in Texas? _____

Does the other parent know where you are residing? Yes: _____ No: _____

If you answered "no," do you want your address kept confidential? Yes: _____ No: _____

3. Please record the contact information where our agency can reach you in the spaces below.

Home Phone: _____ **Is this number safe? Yes** _____ **No** _____

Work Phone: _____ **Is this number safe? Yes** _____ **No** _____

Cell Phone: _____ **Is this number safe? Yes** _____ **No** _____

Email Address: _____

Is this email address safe? Yes _____ **No** _____

Person to contact in case of emergency: _____

Relationship: _____ Phone: _____

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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. Who are you living with and what is their relationship to you?

8. Are you employed? _____ Full time or Part time? _____ How long? _____

Address

9. Below, please list any bad facts (e.g. alcohol/drug abuse, criminal record, mental health issues, family violence) that the other parent may try to use against you in court:

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FAMILY VIOLENCE

- 10. Do you have a Protective Order? Yes _____ No _____
If you answered "yes," please provide a copy to our office.

- 11. If you do not have a Protective Order, do you feel you need one? Yes _____ No _____

- 12. Have you ever filed charges against the other parent? Yes _____ No _____
If charges have been filed against the other parent, are you aware of any scheduled court dates?
If you answered "yes," what are the dates? _____

- 13. Have you ever been to court before for any reason? Explain _____

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, if so, give the case numbers. 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 incidents of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long period of time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and explain the frequency with which it happened. You can use additional paper, if needed.

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 other parent 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 other parent arrested? Yes _____ No _____

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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 other parent arrested? Yes _____ No _____

OTHER PARENT INFORMATION

14. _____
First Name **Middle Name** **Last Name**

15. **Address:** _____
Street **Apartment/Building**

City **State** **Zip Code**

16. Can the other parent be served at the above address? _____ If not, at what address can the other parent be served?

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security Number: _____ - _____ - _____

Driver's License: _____ State of License: _____

Race: _____ Height: _____ Weight: _____ Sex (male/female) : _____

Hair Color: _____ Eye Color: _____ Skin Color: _____

17. Home Phone: _____ Work Phone: _____

18. Is the other parent currently in the military? Yes: _____ No: _____

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

Active Duty or Reserves? _____ Which Base? _____

Is the other parent retired or separated from the military? Yes: _____ No: _____

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

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19. The other parent's employer: _____
Address of the other parent's employer: _____
How long has the other parent been employed there? _____

Yearly Income \$ _____ Per hour \$ _____ Per month \$ _____

20. Other sources of income for the other parent: Social Security \$ _____ SSI \$ _____
TANF \$ _____ Worker's Compensation \$ _____

Child Support \$ _____ Other \$ _____

Dates he/she started receiving these benefits: _____

21. How long has the other parent lived in his/her COUNTY of residence? _____

How long has the other parent lived in his/her STATE of residence? _____

Is the other parent a U.S. Citizen? Yes: ___ No: _____

22. Does the other parent have a mental or physical condition? Yes: _____ No: _____

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

23. Has the other parent ever been arrested? Yes _____ No _____

If you answered "yes," please provide details of the arrest(s):

Date of arrest

Place of arrest

Reason/Charge

RELATIONSHIP INFORMATION

24. Date the relationship began: Month _____ Day _____ Year _____

25. Are you and the other parent still living together? _____

26. If not, what is the Date of Separation? Month _____ Day _____ Year _____

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If you and the other parent are separated, has he/she visited the child/ren? Yes ____ No ____
If yes, describe the circumstances: _____

27. **List all of your minor children, even if they have different parents and even if they are not currently living with you:** You can use additional paper, if needed.

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 #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

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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

If any children are NOT living with you, state their names and explain why:

28. Do you want custody of the minor children you have with the other parent? _____

Does the other parent want custody of your minor children? _____

29. Are you pregnant? _____ If yes, when is your due date? _____

Who is the father of the child? _____

30. Do all of the children you are seeking custody of have their father's last name on their birth certificate?

Yes _____ No _____ If not, name the children _____

31. Name of any children with mental/physical disabilities:

_____ Child's Name	_____ Type of Disability	\$ _____ Medical Expenses
_____ Child's Name	_____ Type of Disability	\$ _____ Medical Expenses

32. Does any child own property (such as savings account, car, land, or anything of value)? _____

If yes, describe and list the value: _____

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33. 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:

34. Have you contacted the Attorney General's office for child support? Yes _____ No _____

35. Have you or the other parent been to court for child support? Yes _____ No _____

If you answered "yes," provide copies of any court orders to our office.

INSURANCE

36. Does the other parent have life insurance on himself/herself or the children? Yes ____ No _____

If yes, name of company and account number: _____

37. Do you have medical insurance on yourself and the children? Yes _____ No _____

If yes, name of company and account number: _____

MODIFICATION INFORMATION

38. Do you have an existing custody or child support order? Yes _____ No _____

If you answered "yes," what is the date of the order? _____

Do you want to change that order? Yes _____ No _____

If you answered "yes," what do you want to change and why do you want the order changed?

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PROPERTY INFORMATION

If you or the other parent own any of the following property, please check all that applies:

	You	Other Parent	Joint Ownership	Value
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Saving Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificate of Deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Thrift Savings Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

YOUR FINANCIAL INFORMATION

The following information will be used to determine financial eligibility and to prepare an affidavit. If we are able to accept your case, you will be required to sign and notarize the affidavit, so that you will not have to pay filing fees. This information **MUST** be accurate.

Monthly Income

Amount

- 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 other parent)

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

Your email address or phone number:

How did you access this application for legal services?

Walk-in Phone Our Website Referral

If you were referred to our agency, how did you find out about our services?

<input type="checkbox"/> Battered Women and Children's Shelter	<input type="checkbox"/> Public Library
<input type="checkbox"/> Homeless Shelter _____	<input type="checkbox"/> Counselor _____
<input type="checkbox"/> Family Justice Center	<input type="checkbox"/> Police Department
<input type="checkbox"/> Court	<input type="checkbox"/> Attorney _____
<input type="checkbox"/> County Clerk	<input type="checkbox"/> Sheriff
<input type="checkbox"/> District Clerk	<input type="checkbox"/> St. Mary's University Clinical Programs
<input type="checkbox"/> Flyer	<input type="checkbox"/> Social Worker _____
<input type="checkbox"/> TV Advertisement	<input type="checkbox"/> Texas RioGrande Legal Aid
<input type="checkbox"/> Radio Advertisement	<input type="checkbox"/> Catholic Charities
<input type="checkbox"/> Previous Client	<input type="checkbox"/> Website
<input type="checkbox"/> Health and Human Services	<input type="checkbox"/> Other _____

“The information provided herein is true and correct to the best of my knowledge.”

Signature

Date

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