

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT  
APPLICATION FOR SERVICES**

**Applicant Information** (must be enrolled, or eligible to be enrolled with CRIT):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 \_\_\_\_\_ Eve. Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_  
 SSN: XXX-XX-\_\_\_\_\_

Applicant is seeking assistance with: (please mark which box(es) applies)

- |                          |                            |                          |                                     |
|--------------------------|----------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Child Support (Defense)    | <input type="checkbox"/> | Estate Planning (Writing a Will)    |
| <input type="checkbox"/> | Child Support (Seeking)    | <input type="checkbox"/> | Probate of an Estate                |
| <input type="checkbox"/> | Child Custody (Defense)    | <input type="checkbox"/> | Grievance                           |
| <input type="checkbox"/> | Child Custody (Seeking)    | <input type="checkbox"/> | Small Claims                        |
| <input type="checkbox"/> | Guardianship of a Minor    | <input type="checkbox"/> | Personal Injury                     |
| <input type="checkbox"/> | Conservatorship of Adult   | <input type="checkbox"/> | Restraining Orders/Injunctions      |
| <input type="checkbox"/> | Paternity (for Enrollment) | <input type="checkbox"/> | Dissolution of Marriage (no kids)   |
| <input type="checkbox"/> | Child In Need of Care      | <input type="checkbox"/> | Dissolution of Marriage (with kids) |
| <input type="checkbox"/> | Power of Attorney:         | <input type="checkbox"/> | Property Dispute                    |
| <input type="checkbox"/> | Durable                    | <input type="checkbox"/> | Housing Dispute                     |
| <input type="checkbox"/> | Healthcare                 | <input type="checkbox"/> | Name Change                         |
| <input type="checkbox"/> | Parental                   | <input type="checkbox"/> | Other: _____                        |

In order to determine whether there are conflicts, please provide as many details as possible:

Please list the full names and approximate ages of each person involved in your issue:

1	_____	Approximate Age: _____
2	_____	Approximate Age: _____
3	_____	Approximate Age: _____
4	_____	Approximate Age: _____
5	_____	Approximate Age: _____

Please describe any previous services you have received from Legal Aid:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:**

Referral Required?      Yes    No

Office File No.: \_\_\_\_\_

**CINC SERVICES SUPPLEMENTAL INFORMATION**

**Child(ren)'s Information:**

Name:	DOB:	SSN:	Child currently lives with:
	/ /	XXX-XX-	

**Please fill-in information about the child's/children's other parent below:  
(If the children have different fathers, please attach a second/third/etc. sheet)**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Eve. Phone:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
 \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Enrollment No.:** \_\_\_\_\_  
**SSN:** XXX-XX- \_\_\_\_\_

**The next Court Date in your case is:** \_\_\_\_\_

**Does Legal Aid already represent someone in this case?**      YES      NO      IDK

**If yes, who?** \_\_\_\_\_

**Who is the Social Services Case Worker in this case?** \_\_\_\_\_

**Do you or the other parent currently have any criminal cases relating to why your child(ren) was taken away by Social Services? If so, please describe below, including what the charges are and the next court date in the criminal case.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In order to process your application, please attach any CINC Petitions, Court Summons, Minute Entries/Orders, and any other documents that you have regarding the CINC case(s) for which you are requesting assistance.**

By signing this form, you are requesting services by the Legal Aid Department and waiving privacy to any third-party for the purposes of that service; you promise to update the Legal Aid Department of any change of contact information during the period of representation. The Legal Aid Department does not charge C.R.I.T. community members for services, but any fees (i.e., court filing fees) are the responsibility of the applicant. If Legal Aid cannot take you on as a client for conflicts, we may seek approval for a referral.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_