

**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) |
| 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.: _____

