

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

