UNIVERSITY LEGAL ASSISTANCE

721 North Cincinnati Street
P.O. Box 3528
Spokane, Washington 99220-3528
Phone (509) 313-5791
Facsimile (509) 313-5805
TTY (509) 313-3796

Interim Director
GAIL HAMMER

Office Manager
JULIE CLAAR

Paralegals
DANIELLE PALM
VICKI L. YOUNT

Receptionist
DEBBIE ORTEGA

Supervising Attorneys
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STEPHEN F. FAUST
JENNIFER A. GELLNER
GAIL HAMMER
GENEVIEVE MANN
BARRY PFUNDT

GEORGE A. CRITCHLOW
LARRY A. WEISER
MARK E. WILSON
Of Counsel

APPLICATION FORM
KALISPEL INDIAN TRIBE CITIZENS

LEGAL NAME:_____ **INDIAN NAME:**_____
First Middle Last

(AKA):_____
Any and all previous names used, include Maiden Name

ADDRESS:_____
Street City State Zip

MAILING ADDRESS:_____
P O Box City State Zip

SEX: ☐ **Male** ☐ **Female** **HOME TELEPHONE NUMBER:**_____
BIRTH DATE:_____ **CELL NUMBER:**_____
Email:_____ **MESSAGE NUMBER:**_____

VOTING RIGHTS (optional): Are you registered to Vote? ( ) Yes ( ) No
Would you like more information? ( ) Yes ( ) No

ARE YOU ENROLLED IN THE KALISPEL INDIAN TRIBE? ☐ YES ☐ NO
IF YES, PLEASE IDENTIFY ENROLLMENT NUMBER:_____

DO YOU RESIDE ON THE KALISPEL INDIAN RESERVATION? ☐ YES ☐ NO

DO YOU RESIDE ON ALLOTTED LAND? ☐ YES ☐ NO
IF YES, IS IT A TRUST ALLOTMENT? ☐ YES ☐ NO

DO YOU HAVE TRANSPORTATION? ☐ YES ☐ NO

ARE YOU SEEKING LEGAL HELP FOR YOURSELF? ☐ YES ☐ NO

ARE YOU SEEKING LEGAL HELP FOR SOMEONE ELSE IN YOUR FAMILY? ☐ YES ☐ NO
IF YES, NAME THAT PERSON:_____

HAVE YOU USED OUR SERVICES BEFORE? ☐ YES ☐ NO
IF YES, WHEN:_____

HOW WERE YOU REFERRED TO US?_____

DEADLINES/COURT DATE(S)/:_____

COURT	**CASE NUMBER**	**TYPE OF PROCEEDING**

(CONTINUED ON NEXT PAGE)

ADVERSE PARTY/PARTIES:

TELL US WHY YOU NEED LEGAL HELP:

DO YOU HAVE ANY DOCUMENTS RELATED TO THE DISPUTE? ☐ YES ☐ NO (ATTACH ANY DOCUMENTS)

DATED: **SIGNATURE:**