

# UNIVERSITY LEGAL ASSISTANCE

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## APPLICATION FORM ELDER KALISPEL INDIAN TRIBE CITIZENS

### LEGAL

NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_  
First Middle Last First Middle Last

(AKA): \_\_\_\_\_ INDIAN NAME: \_\_\_\_\_  
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 BIRTH DATE: \_\_\_\_\_ SPOUSE'S BIRTH DATE: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

MESSAGE NUMBER and NAME OF PERSON: \_\_\_\_\_

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

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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? \_\_\_\_\_

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TOTAL MONTHLY INCOME: YOURS \$ \_\_\_\_\_ SPOUSE: \$ \_\_\_\_\_

### VETERAN STATUS:

- No  
 Veteran  
 Spouse of a Veteran

### DISABLED:

- Yes  
 No

### PREVIOUS CLIENT:

- Yes  
 No

**MARITAL STATUS:**

- Married
- Never Married
- Divorced
- Separated
- Widowed

**LIMITED ENGLISH SPEAKING**

- Yes
- No

**MEANS OF TRANSPORTATION**

- Own Car
- Family/Friend
- Public Transportation
- Senior Transportation
- No Transportation

**LIVING ARRANGEMENT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Apartment                           | <input type="checkbox"/> Other or Unknown  |
| <input type="checkbox"/> Assisted Living Facility            | <input type="checkbox"/> Own Home          |
| <input type="checkbox"/> Condominium                         | <input type="checkbox"/> Prison            |
| <input type="checkbox"/> Homeless                            | <input type="checkbox"/> Relatives         |
| <input type="checkbox"/> Jail                                | <input type="checkbox"/> Rented Home       |
| <input type="checkbox"/> Juvenile Detention                  | <input type="checkbox"/> Rented Room       |
| <input type="checkbox"/> Living in Shelter                   | <input type="checkbox"/> Rents Apartment   |
| <input type="checkbox"/> Living with Friends/Relative/Others | <input type="checkbox"/> Rents House       |
| <input type="checkbox"/> Mental Health Facility              | <input type="checkbox"/> Rents Mobile home |
| <input type="checkbox"/> Migrant Camp                        | <input type="checkbox"/> Rents Room        |
| <input type="checkbox"/> Mobile Home                         | <input type="checkbox"/> Shelter           |
| <input type="checkbox"/> Nursing Home                        | <input type="checkbox"/> Single Room Oc.   |
|  | <input type="checkbox"/> Unknown           |

**NUMBER IN HOUSEHOLD:** \_\_\_\_\_

**NUMBER OF LIVING CHILDREN:** \_\_\_\_\_

**ARE YOU RECEIVING ANY OF THE FOLLOWING? :** (Check all that apply)

- |  |                                   |                                |  |
|--|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Medicaid                                      | <input type="checkbox"/> Medicare | <input type="checkbox"/> COPES | <input type="checkbox"/> Other In-Home Care Services |
| <input type="checkbox"/> Supplemental Social Security Income (SSI)     | Amount: _____                     |                                |  |
| <input type="checkbox"/> Social Security Disability/Retirement         | Amount: _____                     |                                |  |
| <input type="checkbox"/> Retirement                                    | Amount: _____                     |                                |  |
| <input type="checkbox"/> Veterans' Benefits                            | Amount: _____                     |                                |  |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | Amount: _____                     |                                |  |
| <input type="checkbox"/> Food Stamps                                   | Amount: _____                     |                                |  |

**DEADLINES/COURT DATE(S):** \_\_\_\_\_

COURT	CASE NUMBER	TYPE OF PROCEEDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADVERSE PARTY/PARTIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELL US WHY YOU NEED LEGAL HELP:**  
\_\_\_\_\_  
\_\_\_\_\_

