



# Montana Legal Services Association

## Application for Assistance

Complete the application to the best of your ability. All the information you provide in this application is strictly confidential.

### **What type of problem do you need help with?**

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Garnishment           | <input type="checkbox"/> Eviction                   | <input type="checkbox"/> Custody             | <input type="checkbox"/> Medicaid    |
| <input type="checkbox"/> Collection Lawsuit    | <input type="checkbox"/> Housing Subsidy/Voucher    | <input type="checkbox"/> Divorce             | <input type="checkbox"/> TANF        |
| <input type="checkbox"/> Collection Harassment | <input type="checkbox"/> Return of Security Deposit | <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Repossession          | <input type="checkbox"/> Mobile Home Issues         | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Employment  |
| <input type="checkbox"/> Tax issues            |   |  |                                      |

### **Applicant Information:**

First name: \_\_\_\_\_ Middle initial(s): \_\_\_\_\_

Last name: \_\_\_\_\_

Other names you have gone by: \_\_\_\_\_

SSN: XXX – XX - \_\_\_\_ \_\_\_\_ (last 4 digits only)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female

Transgender (female-to-male)  Transgender (male-to-female)

**Other Party Information:** Provide the following information about the other person, agency, or business in your case. For example, in a divorce that person would be your spouse. For custody, that would be another parent or guardian. For housing, it would be your landlord. If you've had funds taken from your bank account, it would be the financial institution and the creditor who took your money.

Full name of person, agency or business:

\_\_\_\_\_

Other names the other party has gone by:

\_\_\_\_\_

City and State: \_\_\_\_\_

Other party SSN: XXX-XX-\_\_\_\_ \_\_\_\_

Other Party DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Would you like to stay informed about MLSA's work with our quarterly newsletter?

Email: \_\_\_\_\_ (Signing up is optional. You can unsubscribe at any time).

Are you a citizen of the United States?     Yes     No

*Attestation:*

I am a citizen of the United States

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Applicant Contact Information:**

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Number MLSA can reach you during the day: Area code: \_\_\_\_\_ Number: \_\_\_\_\_

Another phone number to reach you at: Area code: \_\_\_\_\_ Number: \_\_\_\_\_

Please indicate best time to call you back: \_\_\_\_\_

Is it safe to contact you using the phone number(s) / address above?     Yes     No

Do you need an Interpreter?     Yes     No    What language? \_\_\_\_\_

Within the last 12 months, have you or anyone else in your household received any income from agricultural work? (Agriculture includes working on farms, apiaries [bees], nurseries, forestry, ranching, and/or processing or transporting agricultural products.)     Yes     No

**Hearings and Deadlines:**

- Have you been served with court documents?     Yes     No

    If yes, what date were you served with papers? \_\_\_\_\_

- Are there any deadlines that you know of?     Yes     No

    If yes, what is the deadline? \_\_\_\_\_

- Is there a hearing scheduled?     Yes     No

    If yes, what is the date and time of the hearing? \_\_\_\_\_

**NOTE:** Please do not include any detail about your legal issue. We will contact you by phone to get those details. If we cannot assist you because of ethical rules that apply to all law firms, we will return to you any confidential information you have provided to us.

Mail or fax this form to the Montana Legal Services Association (MLSA).

**Our mailing address is:**

Montana Legal Services Association  
616 Helena Avenue, Suite 100  
Helena, MT 59601

**Our fax number is:**

(406) 442-9817