



Request for Legal Services Form

First, please check Eligibility Guidelines. Then fill out and submit the following form by printing and mailing or emailing it to info@AccessJustice.net. Please be sure to also fill out and submit the Eligibility Form.

Both this Request for Legal Services Form and the Eligibility Form must be received by Access Justice before we are able to consider your request for legal assistance. Your request will be evaluated as soon as possible and, if accepted, may require the payment of an appropriate retainer fee before legal assistance will be provided.

If you need help filling out this application, or if you want to apply over the phone, please call us at 612-879-8092 or toll free at 1-877-999-AJ OK (2565). Client applications are taken Monday through Friday from 10 am to 3 pm. Sometimes you may have a hard time getting through on the phones. We want to hear from you, so please keep trying or leave us a voice mail and we will return your call as soon as we can.

In addition to providing the information below, a completed Eligibility Form must accompany this request for legal service. If the Eligibility Form is not included, your request for legal assistance will not be considered until the completed form is received.

All the information that you provide in this application is strictly confidential.

1) Applicant Information:

Name (First/MI/Last): _____

Mailing Address: _____

City State Zip: _____

Phone Numbers - Home: _____ Work: _____

Cell: _____ Other contact number: _____

E-mail Address: _____

2) What type of problem do you need help with?

- | | |
|--|--|
| <input type="checkbox"/> Alternative Dispute Resolution & Mediation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Collections and Credit | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Individual & Human Rights |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Nonprofit Organizations |
| <input type="checkbox"/> Criminal Defense (Adults/Juveniles) | <input type="checkbox"/> Public interest litigation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Small Business Issues |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Wills, Trusts, & Health-Care Directives |
| <input type="checkbox"/> Family Matters (Divorce, Support, Adoption) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government Benefits | |

3) Provide the details of the person you are having problems with (for example, in a divorce that person would be your spouse; for custody that might be the other parent; for housing that might be your landlord or management company):

His/Her Name (First/MI/Last): _____

His/Her SSN: _____

Date of Birth - mm/dd/yyyy (if known): _____

Age: _____

His/Her mailing address: _____

City State Zip: _____

His/Her phone numbers - Home: _____ Work: _____

Cell: _____ Other contact number: _____

His/Her E-mail Address: _____

Former Name(s) or aliases for this person has used or is currently using: _____

Maiden Name (if applicable): _____

Is this person represented by an attorney? Yes No

If yes, please include the name, address and phone number(s) of the attorney: _____

4) Hearing and Deadlines:

A. Have you served any court documents? Yes No

a) If yes, what date did you serve with papers? _____

b) Are there any deadlines that you know of? Yes No

i. If yes, what is the deadline? _____

ii. Is there a hearing or court date scheduled? Yes No

iii. If yes, what is the date and time of the hearing? _____

B. Have you been served any court documents? Yes No

a) If yes, what date were you served with papers? _____

b) Are there any deadlines that you know of? Yes No

i. If yes, what is the deadline? _____

ii. Is there a hearing or court date scheduled? Yes No

iii. If yes, what is the date and time of the hearing? _____

Please provide copies of all relevant materials supporting the information supplied in section 4) above.

