



ATTORNEY COMPLETES
 Attorney Name: _____
 Location: Law Library / Public Library / HRD
 Legal Issue You Provided Advice On: _____

CLINIC APPLICATION
All Questions Must be Completed – Please Print Clearly

1. Date: _____
2. Name: Mr./Mrs./Ms./Mx.(Circle One): _____
First Middle Last
3. Mailing Address: _____
Street City State Zipcode
4. County of Residence: _____ County of Legal Issue: _____
5. Primary Phone: _____ Cell / Home / Work (Circle One) -- Consent to Text Messages?
6. Email Address: _____ @yahoo.com / @gmail.com / @hotmail.com / _____
7. Number of Adults in Household (18 & Over): _____ Number of Children in Household (Under 18): _____
8. Date of Birth: ____/____/____
9. Gender: Male Female Transgender Other: _____
10. Race: White Black Hispanic Native American Asian American Multi-racial Other: _____
11. Disability: Yes No
12. Veteran: Yes No
13. Level of Education: Grade School High School GED Some College AA Degree BA/BS Degree
 Postgraduate Technical School
14. Languages Spoken: _____
15. Gross Monthly Income for All Household Members (Before taxes): \$ _____
16. Source of Income (Check All That Apply): Employment Retirement Unemployment SSI SSDI
 TCA VA Benefits Foodstamps Pension Child Support Alimony TANF TDAP No income
 Other: _____
17. Do You Own Any Major Assets (Homes, Cars, Stocks, Bonds, IRAs, CDS, Bank Accounts)? Yes No
 If you checked "yes" above, please list assets and their estimated values below:

ASSET NAME	ASSET DOLLAR VALUE

18. Please check the legal issue(s) you need assistance with:
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Divorce | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Adult Guardianship | <input type="checkbox"/> Child Guardianship | <input type="checkbox"/> Expungement | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Advance Directive | <input type="checkbox"/> Child Support | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Tax Problem |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Collection of Debt | <input type="checkbox"/> Name Change | <input type="checkbox"/> Tax Sale |
| <input type="checkbox"/> Arrests or Conviction for Prostitution | <input type="checkbox"/> Custody | <input type="checkbox"/> Paternity | <input type="checkbox"/> Visitation |
| | <input type="checkbox"/> Deed Change | | <input type="checkbox"/> Will Preparation |

Agreement for Limited Legal Advice

This is an agreement between the “Lawyer in the Library Program” and you. It contains the basic terms of our agreement to provide you with limited legal advice and assistance so that you can better understand your legal issue and/or represent yourself in your court case.

Scope of legal advice: You have asked us to provide legal advice. We will assist you by providing you with advice and information. We have **not** agreed to represent you by, for example, filing forms for you, going to a hearing or trial with you, preparing your case for trial or providing any legal help other than the assistance provided in this interview. The attorney you meet with may not have expertise in the area of law you need. They will make every effort, using available reference resources, to answer your questions.

Duration of legal help: Our agreement to advise you will begin immediately and will end at the completion of your interview today. We do not promise to help you after that.

Opposing Party: The opposing party may also seek and obtain assistance from this program.

Cooperation: To advise you effectively, we need your cooperation. You agree to answer any questions we ask you.

Attorney’s Fees: We will not charge you an attorney’s fee for our advice.

Costs: There are costs that are part of your lawsuit. We will not pay any costs in your case. Rather, you will be responsible for all costs.

Declining to advise: We may decline to give you advice if:

1. We have a conflict of interest – for example, that the attorney already advises the other party or provided representation to the other party in the past.
2. Your legal problems are beyond the scope of this project.
3. For any other reason set forth in the Maryland Rules of Professional Conduct.

Attorney Signature

Your Signature

Date

Date