

Legal Assistance for Victims Application

This application is for victims of domestic violence, sexual assault, stalking and/or dating violence who are requesting legal assistance through the University of Wyoming Family and Child Legal Advocacy Clinic or the Wyoming Coalition Against Domestic Violence and Sexual Assault's Legal Program.

If you want help with this application, please check this box, fill out the first page of the application and fax or mail it to a program listed on the back page of this application. We can help you fill it out over the phone or in person.

What type of legal matter(s) do you want help with? (Check all that apply)

- Divorce Domestic Violence Protection Order Sexual Assault Protection Order Stalking Protection Order
 Custody/Visitation Criminal Advocacy Child Support Housing (incl. landlord/tenant) Establishment of Paternity
 Employment Immigration Other (please describe): _____

Legal Documents: If you received or filed legal papers in this case please check the "yes" box below and list the date you received or filed the papers or if there is a court date, please list the date of the hearing.

Yes No If yes, who filed? _____

On what date were you served or did you file? _____

What is the title of the document? _____

On what date were you served or did you file? _____

***** PLEASE ATTACH A COPY OF ANY LEGAL PAPERS (Protection Orders, Complaints for Divorce, etc.) YOU RECEIVED OR YOU FILED*****

I. Your Information:

Full legal name: _____ Age: _____ Date of Birth: _____

Gender: Male Female Other Non-Marital/Other Name: _____ Place of Birth: _____

Safe phone numbers where we can contact you: Home: _____ Work: _____ Cell: _____

Street Address: _____ City/State/Zip: _____

Is it safe to send mail to you at this address? Yes No

If not, list a safe address where you can receive mail: _____

Safe email address: _____

Do you live in Wyoming now? Yes No If yes, how long have you lived in Wyoming? _____

If we cannot find you, who can we contact to find you? Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Have you talked to anyone about safety planning? Yes No If so, who or what organization? _____

II. Other Person's Information (sometimes called "opposing" party)

Full legal name: _____ Nicknames/Aliases: _____ Age: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female Other

Phone numbers: Home: _____ Work: _____ Cell: _____

Street Address: _____ Mailing Address (if different) _____

City/State/Zip Code: _____

Relationship to you: Current Spouse Former Spouse Current or Former Intimate Partner Dating relationship

Stranger Other Family Member (Sibling, Parent, etc.): _____ Other: _____

III. Disability or Special Needs/Interpreter Requests:

Do you consider yourself to be a person with a disability? No Yes If yes, please describe any accommodations you will need: _____

What is your preferred language if different from English? _____ Will you need an interpreter? No Yes

IV. Other Information (For data collection purposes only):

Your Race/Ethnicity: White Hispanic or Latino Black or African-American Native American or Alaska Native
 Asian Native Hawaiian and other Pacific Islander Other: _____

V. Please Fill Out this section if you need help with: DIVORCE/CHILD CUSTODY/SUPPORT OR GUARDIANSHIP

City/County of Marriage	State	Date of Marriage	Last Date Lived Together

CHILDREN:

A. How long have the children lived in Wyoming? _____

B. Please list the following information for all of your children or the children you are seeking guardianship over: *(If you need additional space, please attach a separate sheet of paper with this information.)*

Child's First & Last Name	Date of Birth	City and State of Birth	Who is child living with now?	Name of Mother	Name of Father

D. Have there been **any other Court actions** about the child(ren) (child support, custody, abuse/neglect, protection orders, foster care, etc.)? No Yes Please explain: _____

If yes, **attach a copy** of each order and list them below:

Type of Action	County/State of Courthouse	Date of Order	Date(s) that Order was Changed

E. If you wish to change an existing court order, please describe what has changed since the last order was entered and why it is in the best interest of the child(ren) to change the current order: _____

F. Has the Department of Family Services ever been involved with you, the other person, or your children? No Yes

If yes, please explain: _____

Court Order Attached (All previous court orders must be disclosed for The Legal Program to make a decision on your application.)

VI. Generally explain what has happened and why you are asking for legal help:

VII. General Information:

- A. Do you believe you are safe? Please explain: _____

- B. Has the other person ever been physically violent with you? No Yes If yes, when and what happened: _____

- C. Has the other person threatened you? No Yes If yes, when and what happened: _____

- D. Has the other person contacted you repeatedly through phone, email, text messages, or social media? No Yes
If yes, please explain: _____
- E. Have you sought medical attention as a result of the assault? No Yes If yes, please explain: _____

- F. **Check all that apply:** Weapons or firearms have been used/threatened I have been strangled/choked
 I have been forced/tricked to have sex I have been unable to leave my home My children have been threatened
 I have no privacy in many areas of my life The other person has kidnapped or threaded to kidnap the children
 My immigration status has been used/threatened to be used against me
- G. Law Enforcement Information: Have the police been contacted? No Yes I don't know
- H. If the police have not been contacted, are you considering reporting? No Yes I don't know
- I. Have any **protection orders** been ordered for/against you or the opposing person? If yes, **attach copy:**

Date	City/County & State Where Obtained	Current Status	Order issued against whom? (you or name of other person)

VIII. For Sexual Assault Victims:

- A. Are you concerned about contracting a sexually transmitted infection due to the assault? No Yes
- B. Are you having any problems in school or work because of the assault? Please explain: _____

- C. Has your privacy been jeopardized because of the assault? Please explain: _____

- D. Select all that apply: Are you having trouble in these areas because of the assault? School (Title IX/OCR Complaint)
 Privacy Employment Criminal Justice Advocacy House/Apartment Other: _____

IX. For Stalking Victims:

- A. Do you know the stalker? No Yes If yes, how? _____
- B. Please explain what this person has done to you to make you afraid: _____

- C. How often does this person contact you? _____

X. Financial Information:

A. Your Sources of Income: Employed by: _____

Monthly income: _____ Not employed Last Employer: _____

Last date you were employed: _____ Other income (unemployment, food stamps, child support, social security, etc.): Describe types and amounts: _____

B. How many people do you live with? _____ Please list their name and relationship to you: _____

C. Other Person's Sources of Income: Employed by: _____

Monthly income: _____ Not employed Last employer: _____

Last date they were employed: _____

XI. Other Information:

A. If there is any other information we should know before reviewing this application, please state on a separate sheet of paper.

By signing below, I certify that the information contained above is true and accurate to the best of my knowledge, information and belief. I understand that not all applicants are eligible for legal representation. Until I am notified in writing that my case has been accepted, I understand that I am an applicant for services only and at this time I am not a Legal Program client, nor am I on the Legal Program waitlist.

Signature: X _____ **Date:** _____

Send application to the following location:

<p>If you live in Albany or Laramie County, and this application <u>does not concern sexual assault</u> send to: Family & Child Legal Advocacy Clinic 1000 E University Ave Dept. 3010 Laramie, WY 82073 Phone: (307) 766-3747 Fax: (307) 766-4823 Email: lawadmis@uwyo.edu</p>	<p>If you live in any county in Wyoming including the Wind River Reservation, send to: WCADVSA Legal Program P.O. BOX 236 Laramie, WY 82073 Email: legalteam@wyomingdvsa.org Fax: (307) 755-5482 If you have any questions feel free to call us at (307) 755-0992.</p>
---	---

*** The following form is a limited release of information. Filling it out gives consent allowing the confidential information provided in your application to be shared with partnering agencies, programs, and individuals you indicate on the form in order to provide you with the most complete legal services possible. If you give consent to share your information, please fill out this form as completely as possible by listing specific names or agencies with whom we may share information and checking the appropriate boxes.*

LIMITED RELEASE OF INFORMATION

Read First: Before you decide whether or not to let the WCADVSA Legal Program share some of your confidential information with another agency or person, you have the right to discuss all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want the WCADVSA Legal Program to release some of your confidential information, you can use this form to choose what is shared, how it is shared, with whom, and for how long.

I understand:

- That I do not have to sign a release form.
- I do not have to allow the WCADVSA Legal Program to share my information. **Signing a release form is completely voluntary.** That this release is limited to what I write above. If I would like the WCADVSA Legal Program to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from the WCADVSA Legal Program.
- That within the professional parameters of the WCADVSA Legal Program and other agencies it may not be possible to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

I understand that the WCADVSA Legal Program has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow the Legal Program to release some of my personal information to certain individuals or agencies.

I, _____, authorize the WCADVSA Legal Program to share the following specific information with:

Name

The WCADVSA Legal Program may share my information with:	<i>(Example: An advocate, or organization, and a representative from the Legal Program)</i>
What information about me can be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents)</i>

Information may be shared: (Check all that apply)	<input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by email
--	---

<input type="checkbox"/> I understand that electronic mail (e-mail) is a less secure form of communication.

I understand that this release is valid at the time I sign it and shall remain valid for One (1) year from the date below (see box below) and that I may withdraw my consent to this release at any time either in person, on the phone or in writing. If you would like this release to be valid for an amount of time less than one year, please indicate the date it shall expire: (Month/Day/Year) _____

Signature: _____ **Date:** _____ **Witness:** _____