



APPLICATION

For Free Civil Legal Aid

Warren County Victim Advocate Program (VAP)

125 N. Monroe Street, Suite 6, Williamsport, IN 47993

vap@warrencounty.in.gov - (765) 762-7222

Name: _____

Cell Phone _____

Other Phone: _____

Address _____

County of Residence: Warren Other

Date of Birth: _____ Email: _____

Household Income Range: Low to Moderate Above Moderate

Use this Chart to determine your household size, including children, who live full time in the household. Then, based on the total annual income of everyone in your home, indicate if your household is low to moderate, or above moderate. Check the appropriate box above (**NOTE: Income does not necessarily disqualify you from participating**):

Household Size	1	2	3	4	5	6	7	8
Low to Moderate	\$26,930	\$33,466	\$41,182	\$52,992	\$62,834	\$70,998	\$80,812	\$89,510+

1. Do you need an attorney to assist you with a legal matter where police were involved? Yes No
 - a. Is this legal matter related to a crime that was committed against you? Yes No
 - b. What law enforcement agency did you report the crime to: _____
Location of agency (City/State): _____
 - c. Police Officer's Name (if known): _____
 - d. Perpetrator's Name (if known): _____
 - e. What crime(s) were you a victim of: _____

2. For what type of civil legal matter do you need an attorney? (*Check all that apply*)

- Divorce/Family Law File Protective Order Attend Protective Order Hearing only
 Eviction my roommate/spouse Credit/Bankruptcy Issues Return my belongings
 Landlord/Tenant Stop my Eviction Identity Theft/Wrongful Collections
 Other : _____

3. Do you have a Court Hearing scheduled, where you need an Attorney? Yes No

- a. Name of Court/County/State: _____
- b. Date/Time of Hearing: _____
- c. Type of Hearing: _____

4. How did you first hear about this Program? Flyer Case Manager/Officer: Facebook/Internet

Newspaper Judge/Court Staff Someone else told me Other : _____

If you were referred by an advocate or professional, provide NAME: _____

PHONE: _____

Questions 5-7 are only for grant reporting and will NOT affect your eligibility.

5. Gender: Male Female Other

6. What best categorizes your Race/Ethnicity? (Check one)

Hispanic/Latino

Native Hawaiian/Other Pacific Islander

White Non-Latino/Caucasian

Multiple Races

Other

7. Check any of these that describe you:

Deaf/Hard of Hearing

Homeless

Immigrants/Refugees/Asylum Seekers

LGBTQ

Veteran

Disabled: Cognitive/Physical/Mental

Limited English Proficiency

I, as an Applicant of this free Legal Aid Program, agree to comply with all Program Rules and have been provided with a copy, which may be amended from time to time. I understand that this is a voluntary program available to eligible Warren County residents, who are victims of crimes. I affirm under penalties of perjury that the information contained in this Application is true and correct, to the best of my knowledge and belief. I understand that my violation of these Rules may result termination from the Program, loss of my attorney representation, and inability to participate in future services. If I do not comply with the Program Rules, I consent to my attorney withdrawing from case. I understand that even if I am removed from the Program, I will not be responsible for the attorneys' legal fees up to the date I am removed, if Services were performed within the scope of the Program.

Date

Signature of Applicant

NOTICE: The Warren Circuit Court is an Equal Opportunity Employer and provides a Drug Free Workplace. The Warren Circuit Court does not discriminate in hiring or delivery of services based upon race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.

OFFICE USE ONLY: Reviewed By: _____	Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>
Due Diligence Completed: <input type="checkbox"/>	Attorney Contacted: <input type="checkbox"/>	Attorney Accepted: <input type="checkbox"/>
Attorney Assigned: _____	Allotted Hours: _____	
Notes: _____		

FREE LEGAL AID PROGRAM RULES

- Obligations to Program:** I will provide truthful information to the Program Coordinator concerning this Application and any renewals. I will return telephone calls, letters, or emails in a timely manner, but always within one week. As long as I am assigned an attorney, I will report any change of address, telephone number, or email address within two (2) business days to the Program. I will be polite, respectful, and curious to the staff working for or associated with this Program. I agree to participate in an Exit Interview at the end of this Program to answer a few questions about this Program, if requested. I consent to my attorney sharing billing information with the Program, concerning my time and contacts, as well as a case closure report that will report (i) the nature of the case; (ii) the results of the case; (iii) if the representation of my attorney terminated, the reasons why the attorney terminated it; and (iv) any information regarding my failure to appear for appointments, hearings, phones, or to return phone calls. I waive confidentiality to those four limited items, and expressly consent to my attorney releasing that limited information as a condition precedent to payment of my fees in this program. I understand that all other communications between my attorney and myself, will be subject to laws concerning attorney-client confidentiality and those are not waived. I understand that this Program is funded by grant for the Department of Justice under the Victims of Crime Act, which contains certain restrictions, including that I must be seeking advice on civil legal matter connected directly to my victimization. I cannot receive free legal representation for any other matters, including criminal defense, beyond the scope of this grant. Any representation by the attorney of me in matters beyond this grant or any refusal of me to cooperate with the provisions of these rules or providing false information, may result in my being responsible to the attorney for all my attorney fees. I understand that this grant does not pay actual costs, but only attorney fees. I will work with my attorney to seek a waiver of court costs or other arrange payment for any out-of-pocket costs my attorney may incur, if any.
- Obligations to the Attorney:** I will comply with any office policies or procedures set out by the attorney assigned to me. I will provide truthful information to my assigned attorney, when requested, and provide all information requested in a timely manner. As long as I am assigned an attorney, I will report any change of address, telephone number, or email address within two (2) business days to the Attorney's Office. I will be polite, respectful, and curious to my assigned attorneys and staff working for or associated with the attorney's law office, any court staff, and courthouse staff. I will attend all court hearings and appointments with my attorney, arriving on time, as requested by my attorney. If I need to reschedule an appointment or cannot attend Court, I will immediately notify the attorney personally. I understand that if I miss a scheduled appointment or court date, where I was expected to appear, without calling at least 24 hours in advance, it will be considered a Short Notice Cancellation. Two Short Notice Cancellations may result in my removal from this Program and termination of services by the attorney. I consent in advance to the attorney withdrawing from this case under those circumstances or any other reason required by the Indiana Rules of Professional Conduct. I understand that if my attorney must withdraw due to a reason that is beyond my control, I will notify the Program Coordinator within one week, to request a new attorney. I understand that my attorney works for me, with fees paid by this Program. My attorney is not an employee of Warren County and I have no relationship with Warren County, other than receive grant benefits for my appointed attorney, similar to a public defender.
- I understand that this Legal Aid Program is limited to Warren County residents, who are victims of a crime, with cases in Warren County or adjoining Indiana Counties. If an attorney becomes involved in my case, which is removed to Federal Court or transferred to another jurisdiction, the limited appearance of my attorney may be withdrawn, without my consent, and I will need to seek another attorney at my own expense. I understand that this Legal Aid Program is designed to provide, short term, limited scope, and emergency relief attorneys, while grant funds are available. My assigned attorney will be provided free of charge, but may not be available to represent me in all legal matters or for the duration of my entire case. My attorney will talk to me to me about the most immediate relief that can be provided to me, if I have several matters. The Department of Justice defines a "*crime victim*" as: a person who has suffered physical, sexual, financial, and/or emotional harm as the result of the commission of a crime. Legal Aid Services are defined as those efforts that (1) respond to the emotional, psychological, and/or physical needs of crime victims; (2) assist victims to stabilize their lives after victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) restore a measure of safety and security for the victim.