

Office use only

Date: _____ Supervisor name: _____

Application outcome: _____

Income verification type: _____ (copy of proof attached)

Consultation appointment date and time: _____

Pro Bono Project Silicon Valley (408) 998-5298 phone**900 E. Hamilton Avenue, Suite 100 (408) 971-9672 fax****Campbell, California 95008-0668****www.probonoproject.org**

PLEASE NOTE: Your application will be considered incomplete and will not be processed without income verification. Please attach proof of income at the time you submit your application. Last month's paystubs, if paid in cash, last year's income taxes and any other proof of income benefits.

Date: _____

Legal Name: _____
First Middle Last

Address City State Zip Code

Phone Numbers: _____
Home Cell Alternative

E-mail address: _____

Gender: _____ Date of Birth: _____

CHILDREN'S INFORMATION

of children 0 – 3 years _____ race/ethnicity _____

of children 3 – 5 years _____ race/ethnicity _____

Children's primary language spoken at home _____

CAREGIVERS' INFORMATION

of primary caregivers _____ race/ethnicity _____

Caregivers' primary language spoken at home _____

Opposing Party –who is this case against

(Examples: husband, wife, boyfriend, etc....)

Legal Name: _____**First****Middle****Last****Gender:** _____ **Date of Birth:** _____**Other minor children supported by you:** _____ **Ages:** _____, _____, _____**COURT CASE #:** _____

Is this case filed in Santa Clara County? Yes No

Pending court dates/hearings: _____**Are you represented by an attorney in this matter? Yes No****Who referred you to us?** _____**Legal Issues: (check all that apply)**

☐	emergency planning
☐	Custody/visitation
☐	guardianship
☐	domestic violence/dating violence
☐	restraining order
☐	VAWA/U-Visa
☐	other

Brief description for other:

Please submit proof of income along with this application

Copies of check stubs (monthly), unemployment benefits, public benefits, if self-employed most recent 1040, other proof, etc.

Income: \$ _____ (Gross per month) Source: _____

Partner/current spouse income: _____

Other source of income: _____

If not earning an income, how are you supporting yourself?

Are you receiving any of the following?

____ Medi-Cal ____ Food Stamps ____ SSI ____ SSP ____ Cal WORKS or TANF ____ other

PRO BONO PROJECT OFFICE POLICIES

PLEASE READ & SIGN THIS FORM: Statement of Services

I _____, *understand the following:*
Print Name

1. If my application for services is approved, it is for a consultation only with the sole purpose of gaining information to determine what services may be provided. **Pro Bono Project has not decided that they can represent me.**
2. The interview is confidential and may be conducted by a volunteer, who may or may not be an attorney. Any non-attorney will be supervised by an attorney.
3. It is my responsibility to provide all my court documents. If I do not provide the required paperwork, my consultation may be cancelled.
4. If I list a case number on my application, I give consent to the attorney to view my court documents online.
5. **I understand Pro Bono Project does not guarantee representation.**
6. It is my responsibility to inform Pro Bono Project of changes on my income and contact information.
7. If my income changes and is determined I am not eligible based on my new income level, Pro Bono Project may terminate services.
8. **If I misrepresent my financial eligibility for services, I understand that I may be charged up to \$350.00 per hour for services already rendered and for all future services or Pro Bono Project may terminate services and close my case.**
9. Minor children are not allowed during my consultation. If a child is present, my consultation may be cancelled.
10. If I fail to show for my appointment without 24 hours' notice, I understand my application will be put on hold until all other current consultation appointment requests are filled. If I fail to show up for two appointments, I will not be rescheduled.
11. Pro Bono Project is an equal opportunity organization and will not allow discrimination based upon age, ethnicity, gender, disability, race, religion, sexual orientation, or any other status prohibited by applicable law.
12. Pro Bono Project reserves the right to refuse services in any case.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments are true and correct.

Date: _____ Print name: _____

Signature: _____