

**TEXAS CRIME VICTIM LEGAL ASSISTANCE NETWORK
APPLICATION**

APPLICANT INFORMATION:

Applicant's Full Legal Name: _____
(First) (Middle) (Last) (Jr., Sr., III, etc)

Other last names you have used: _____

Applicant's address: _____

City, State, Zip _____ County _____

Age: _____ Social Security # (last 3 digits) _____

Phone # _____ Is this a safe number? Yes No

Email address: _____ Preferred Language _____

Please place a check next to your answers to the following:

Citizenship: U.S. Citizen Yes No Lawful Permanent Resident Yes No
 Other Visa (Type of Visa? _____) Undocumented Yes No

Employed: Yes No **Disabled:** Yes No

Marital Status: Married Single Divorced Widowed Separated

Living Arrangements: Private Rental Own Home Fed. Subsidized Rental Relatives Friends
 Nursing Home Shelter Mental Institute Incarcerated Homeless
 Other: _____

Have you been a victim of the following crime(s): (please place a check next to your answers)

Domestic Violence Sexual Assault Physical Assault Child Abuse Human Trafficking
 Elder Abuse Kidnapping Robbery Fraud Identity Theft Other Theft
 Other (Explain: _____)

Where did the crime occur? (county, state) _____ **When did the crime occur?** _____

Did you report the crime to anyone? Yes No **If yes, who?** Family Friend Police

Other: _____

I request the members of the Texas Crime Victim Legal Assistance Network help me access the following services:

- Legal Assistance (please complete the Legal Referral Information sheet)
- Non-Legal Assistance (please check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Basic Needs (food, clothing) | <input type="checkbox"/> Medical help | <input type="checkbox"/> Job Training/Employment |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Apply for public benefits | <input type="checkbox"/> Translation Services |
| <input type="checkbox"/> Safety Planning | <input type="checkbox"/> Accompaniment (medical/law enforcement) | <input type="checkbox"/> Accompaniment (court) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Access to education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____ | | |

LEGAL REFERRAL INFORMATION SHEET

INFORMATION ABOUT THE OPPOSING PARTY:

Full Name: _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Other last names used: _____

Social Security #: _____ Sex: Male Female Date of Birth: ____/____/____
Month Day Year

Address: _____
Street Number and Name, Apt # City State Zip Code

APPLICANT LEGAL ISSUE – Please briefly describe your legal issue:

INFORMATION ABOUT YOU & PEOPLE LIVING WITH YOU:

Number of adults living in your household (including you)? _____

Number of children under age 18 living in your household? _____

Monthly Income of you and people living with you: (Alimony; Child Support; Private Disability.; Employment; Military; Pension; Rental income; Social Security (Retirement, Survivor Benefits, Disability, SSD); Spousal support; TANF; Trust, Int., Div.; Unemployment; VA benefits; Workers Comp.; etc.)

| Name of person receiving income: | Type of income: | Monthly Gross Income | or Hourly Wage | Hours/week |
|----------------------------------|-----------------|----------------------|----------------|------------|
| _____ | _____ | \$ _____ | \$ _____ | # _____ |
| _____ | _____ | \$ _____ | \$ _____ | # _____ |
| _____ | _____ | \$ _____ | \$ _____ | # _____ |
| _____ | _____ | \$ _____ | \$ _____ | # _____ |

Assets owned by you and people living with you: (Cash on hand; Checking; Savings; Stocks, Bonds, Cd's; Primary home; Second home, Other real estate; Vehicles; Personal property; etc.)

| Name of Person who owns asset: | Type of Asset | Amount/Equity Value |
|--------------------------------|---------------|---------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Monthly Expenses paid by you and people living with you:

| | | | |
|---|----------|---|----------|
| Rent/Mortgage Payment | \$ _____ | Insurance (Home/Renters) | \$ _____ |
| Child Care | \$ _____ | Current Taxes (property, income) | \$ _____ |
| Medical Expenses (Non-reimbursed medicine, health Insurance, & non-reimbursed medical expenses) | \$ _____ | Support Payments (Child Support, Alimony & Spousal Support) | \$ _____ |
| Transportation Expenses (auto payments/ Insurance; gasoline; employment/school related) | \$ _____ | Other: _____ | \$ _____ |