

**STORY COUNTY LEGAL AID REGISTRATION AND INFORMATION SHEET**  
**937 SIXTH STREET, NEVADA, IA 50201 – PH (515) 382-2471 – FAX (515)382-4041**

*APPLICANT: PLEASE COMPLETE THE ENTIRE PAGE*

**Information about you**

**YOUR NAME:** \_\_\_\_\_

SPOUSE/SIGNIFICANT OTHER \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

GROSS FAMILY INCOME- MONTH: \_\_\_\_\_

GROSS PERSONAL INCOME-MONTH: \_\_\_\_\_

CHILD SUPPORT RECEIVED: \_\_\_\_\_

CHILD SUPPORT PAID: \_\_\_\_\_

SOURCE OF INCOME: \_\_\_\_\_

Please include all types of income including Wages, Child Support, Alimony, Social Security, Unemployment, and Veteran's benefits.

VALUE OF ASSETS AND PROPERTY \_\_\_\_\_

TOTAL AMT. IN BANK ACCOUNTS: \_\_\_\_\_ TOTAL VALUE STOCKS/BONDS: \_\_\_\_\_

**\*\*NOTICE\*\***

The Legal Aid Society of Story County exists to provide civil legal services to all persons eligible for such services, pursuant to the guidelines established by its Board of Directors. It is the express policy of the Legal Aid Society to provide legal services to all eligible persons, regardless of race, creed, color, religion, national origin, sex, sexual orientation, age, or physical or mental disability. If you are aware of any violation of this policy, you should report such violation to the Board of Directors of Legal Aid. Names of Directors are available through the Legal Aid office.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_ AGE: \_\_\_\_\_ ISU STUDENT \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ SEPARATED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ WIDOWED \_\_\_\_\_

TOTAL NUMBER OF YOUR MINOR CHILDREN \_\_\_\_\_ NUMBER LIVING WITH YOU \_\_\_\_\_

NUMBER OF YOUR CHILDREN LIVING WITH OTHERS \_\_\_\_\_

TYPE OF PROBLEM: \_\_\_\_\_

INTAKE DATE: \_\_\_\_\_ DATE OF 1ST APPOINTMENT \_\_\_\_\_

**VERIFICATION**

I hereby declare that all of the foregoing information is correct, that my income includes only those sources set out above and that those amounts are accurate, and that I am a resident of Story County, or that I am a defendant in a case pending in the Story County Courts. **I agree to notify Legal Aid if there are any changes in my income. I understand that a change in my income could disqualify me from Legal Aid services.**

\_\_\_\_\_  
**Signature of Client**

## CLIENT RELEASE & CONFLICT OF INTEREST FORM

1. YOUR CURRENT NAME: \_\_\_\_\_

2. YOUR MAIDEN NAME/FORMER NAMES: \_\_\_\_\_

\_\_\_\_\_

3. OPPOSING PARTIES & ATTORNEY: \_\_\_\_\_

\_\_\_\_\_

4. NAMES OF YOUR FORMER SPOUSES, SIGNIFICANT OTHERS, INCLUDING MAIDEN NAMES: \_\_\_\_\_

\_\_\_\_\_

5. HAVE YOU EVER BEEN REPRESENTED BY LEGAL AID SOCIETY OF STORY COUNTY BEFORE?  
**YES**                      **NO**

When: \_\_\_\_\_

6. DO YOU KNOW ANYONE WHO HAS BEEN REPRESENTED BY LEGAL AID SOCIETY OF STORY COUNTY?

\_\_\_\_\_

7. HAVE ANY OF THOSE NAMED IN **QUESTIONS 3,4 or 5** BEEN REPRESENTED BY LEGAL AID SOCIETY OF STORY COUNTY?                      **YES**                      **NO**

When: \_\_\_\_\_

**RELEASE: I understand that when I become a client of Legal Aid Society of Story County, my Social Security number or other identifying number will be provided to Story County Community Services Central Point of Coordination Administrator for billing purposes. I understand that if I qualify for Story County Mental Health funding my name and identifying number of my choice will be provided to Story County Community Services for billing purposes only. I understand that my name and identifying number is not public information. I authorize Legal Aid to provide Story County with my name and identifying number.**

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE