

APPALACHIAN LEGAL SERVICES

If you are being abused physically or mentally by your spouse or you fear you will be abused, you should contact the Family Abuse Program (340-3549) for an appointment. The YWCA program may be able to help you get a protective order, provide you with temporary shelter from abuse, and give you a referral to our office for further assistance.

Please Check Boxes that Apply to You:

Source of Income:

- 1a) Employment
1b) Soc. Sec./SSI
1c) Welfare
1d) Other

- 1. Total Household Monthly Income before taxes \$
Assets: (real or personal property that you own) \$
2. A) Number of adults in house where you are residing
B) Number of children in same household
3. Today's date
4. Your full Name (First, Middle Initial, Last), Age, Date of Birth, SSN
5. Your complete address: Street & No., City, County, State, Zip
6. Your Maiden Name (if appropriate)
7. Phone number (if no phone, neighbor's phone and name)
8. What is your spouse's full name? Age, DOB
9. Has your spouse already filed for divorce? If yes, when did you receive papers? Have you filed an Answer?
10. Have you previously filed for divorce in which the divorce is still pending? When did you file for divorce? Did your spouse file an Answer?
11. Has the opposing party: (check all that apply)
hit you, pushed you, given you bruises, dragged you, pulled your hair, hit you while pregnant, held a gun to you, held a knife to you, forced you to have sex, threatened to kill you, threatened to kill themselves, threatened to kill the children, stalked you, refused to return your children or concealed them from you, violated DVPO (protective order), hit a child in your home, leaving bruises, threatened to do any of the above. Explain

12. When was the last time any of the above occurred? _____
13. Have you ever called or stayed in a shelter? _____ If so, when and where _____
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14. Has Child Protective Services (CPS) ever called you or come to your home?
Yes ___ No ___ When? _____
15. **Do you have a DVPO (protective order)?** ___Yes ___No
Does your spouse have a DVPO against you? ___Yes ___No
What is the date of the DVPO (protective order)? _____
16. Do you have children with this spouse? _____ Children's names and dates of birth: _____
17. Do you and your spouse agree on who will have custody of the children after the divorce? Yes _____ No _____ **Please check one of the below:**
- A. I want custody of the following children _____

- B. I am willing to let spouse have custody of the following children

18. Do you own more than \$10,000 worth of property that you bought while you were married? (cars, trucks, a trailer, house, land)? (yes or no) _____
Do you now live on that property? _____
What is it appraised at? \$ _____ How much do you owe on it? _____
19. Will your spouse agree to a divorce now? _____
20. Is your spouse in jail? _____ the military? _____ mental institution? _____
If above is checked, explain where spouse is: _____
21. **Have you lived in West Virginia for the past year?** _____
22. **What is the last day that you lived with your spouse?** _____
23. **How long have you been married?** _____ **Date of marriage** _____
24. **What state were you married in?** _____ **What county?** _____
25. **What county and state did you last live with your spouse in?** _____
26. **What county does your spouse presently live in? (Kanawha, Boone, etc.)** _____
27. Do you know where your spouse is now? ___Yes ___No What is your spouse's address? (street, city and state) (give **last-known** address): _____

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28. Is your spouse employed? ___ Where? _____ How long? _____
29. Does your spouse have a pension plan or retirement? _____
30. Has your spouse been married before? _____ To whom? _____
31. Have you or your spouse ever been to our office before? ___ If so, when _____
32. How did you find out about our Pro Se Divorce Clinic? (Friend, Poster, YWCA, Clerk, Family Law Master, Library, Other?) _____

(REV.3/01)

(APPALACHIAN LEGAL SERVICES PROVIDES FREE CIVIL LEGAL SERVICES TO LOW-INCOME ELIGIBLE CLIENTS WHO MEET OUR PRIORITY CRITERIA.)

Pro Se Divorce Clinic Application

Please read carefully!

APPALACHIAN LEGAL SERVICES frequently gets called by both sides for help with a divorce, custody, abuse or other family legal problems. We cannot represent both sides nor can we take every case. In order for us to know if your case comes within our case acceptance guidelines, we must ask you for some information. It is possible that we may decide to represent the other side of your case, at a later date.

Please DO NOT GIVE US ANY INFORMATION NOW THAT YOU WOULD NOT WANT US TO KNOW IF WE DECIDED TO REPRESENT THE OTHER SIDE. If we do accept you as a client, all information will be kept confidential.

SIGNATURE _____
DATE _____

IMPORTANT!

Please fill out this application in its entirety. If any items are not answered, it will be returned to you and therefore cause a delay in our attorney reviewing this application.

ATTENTION:

LIST THE ADDRESSES OF THE CHILDREN INVOLVED IN THIS CASE FOR THE PAST 5 YEARS. IF CHILD IS LESS THAN 5, LIST ADDRESSES FROM DATE OF BIRTH. THIS FORM MUST BE COMPLETED IN FULL BEFORE YOUR CASE CAN BE REVIEWED.

The children have lived at this address	With these persons:	During this time:
<p>____ Street</p> <p>____ City State Zip</p>	<p>Names of all persons in home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dates lived there:</p> <p>From: _____</p> <p>Month/Year _____</p> <p>__To: _____</p> <p>Month/Year _____</p> <p>—</p>
The children have lived at this address	With these persons:	During this time:
<p>____ Street</p> <p>____ City State Zip</p>	<p>Names of all persons in home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dates lived there:</p> <p>From: _____</p> <p>Month/Year _____</p> <p>__To: _____</p> <p>Month/Year _____</p> <p>—</p>
The children have lived at this address	With these persons:	During this time:
<p>____ Street</p> <p>____ City State Zip</p>	<p>Names of all persons in home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dates lived there:</p> <p>From: _____</p> <p>Month/Year _____</p> <p>__To: _____</p> <p>Month/Year _____</p> <p>—</p>

The children have lived at this address	With these persons:	During this time:
<p>_____ Street</p> <p>_____ City State Zip</p>	<p>Names of all persons in home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dates lived there:</p> <p>From: _____</p> <p>Month/Year _____</p> <p>To: _____</p> <p>Month/Year _____</p> <p>—</p>

The children have lived at this address	With these persons:	During this time:
<p>_____ Street</p> <p>_____ City State Zip</p>	<p>Names of all persons in home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dates lived there:</p> <p>From: _____</p> <p>Month/Year _____</p> <p>—</p> <p>To: _____</p> <p>Month/Year _____</p> <p>—</p>

If additional space is needed, please write on the back.