PRO SE VISITATION CLINIC APPLICATION

Appalachian Legal Services

CHARLESTON OFFICE 922 Quarrier Street, Fourth Floor Charleston, WV 25301 (304) 343-4481 FAX (304) 345-5934 Toll-Free 1-800-834-0598

1.	Please Check Boxes that Apply to You: 1a) Total Household Monthly Income before taxes \$ 1b) 1c)	urce of Income: Employment Soc. Sec./SSI Welfare Other
	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 NameFirst Middle Initial	Last
	Age Date of Birth SSN:	
5.	Phone number (if none, a neighbor's name and phone)	
6.	Your complete address: Street & No.	
	City State Zip	
7.	Your biological relationship to child[ren]	
8.	Child[ren]'s mother's name & address	
9.	Child[ren]'s father's name & address	
10.	What are the child[ren]'s names and date of birth:	
11.	Have you or the opposing party signed any custody agreement?	
	Explain	
12.	Will the opposing party fight you on visitation in court?	
	Why?	_
13.	Are you willing to let the opposing party have custody?	

Is the father's name on the child[ren]'s birth certificate?				
(a) If not, has paternity been established in a court? Which court?				
Have any custody/paternity proceedings been filed before concerning these				
children? Where?				
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 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				
When was the last time any of the above occurred?				
Do you have a Protective Order? What is the date of the Order				
Who was awarded custody in the Protective Order?				
Has Child Protective Services (CPS) ever been involved with your case?				
Yes No When?				
Is the other party jail? the military? mental institution?				
If above is checked, explain where spouse is:				
Has the child[ren] lived in West Virginia for the past six months?				
How did you find out about our Pro Se Divorce Clinic? (Friend, Poster, YWCA, Clerk, Family Law Master, Library, Other?)				

THE FOLLOWING PAGE MUST BE FILLED OUT COMPLETLY OR THIS APPLICATION WILL BE RETURNED.

(Rev. 03-01)
(Appalachian Legal Services provides free civil legal services to low-income eligible clients who meet our priority criteria.)

Pro Se Visitation Clinic Application

Please read carefully!

Appalachian Legal Services frequently gets called by both sides for with a divorce, custody, visitation, abuse or other family legal problem cannot represent both sides nor can we take every case. In order for a know if your case comes within our case acceptance guidelines, we may use information. It is possible that we may decide to represe 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:
StreetCity State Zip	Names of all persons in home:	Dates lived there: From: Month/YearTo: Month/Year
The children have lived at this address	With these persons:	During this time:
StreetCity State Zip	Names of all persons in home:	Dates lived there: From: Month/YearTo: Month/Year
The children have lived at this	With these persons:	During this
address	·	time:
StreetCity State Zip	Names of all persons in home:	
StreetCity State	home:	Dates lived there: From: Month/YearTo:

The children have lived at this address	With these persons:	During this time:
StreetCity State Zip	Names of all persons in home:	Dates lived there: From: Month/Year To: Month/Year

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