Date: September 19, 2017
To: JCLA Applicants
Re: Intake Hours & Locations

The following information is for potential applicants for assistance through the Johnson County Legal Aid Program. Intake hours and locations listed below must be strictly observed in order to provide free legal assistance for qualifying applicants.

Greenwood Library 310 S. Meridian St. Greenwood, IN
Second & Fourth Tuesday of each month at 10:00 a.m.
Applicants are taken on a first come basis. Sign-up sheet at 2nd Floor desk.

Law Resource Center 170 N. Jackson St. Franklin, IN
Second Wednesday of each month from 4:00 p.m. – 6:30 p.m.
PLEASE don’t call or visit LRC at other times. There is no assistance available except during the listed intake hours.

Please remember the locations and attorneys who host and provide services do so on a volunteer basis. The times and locations listed must be respected.

If you need assistance outside JCLA hours or prefer, the District Legal Aid Office in Columbus has telephone information and intake:
Legal Aid – District Eleven
1531 13th St. #G330
Columbus, IN 47201
812-378-0358

JCLA Committee
Johnson County Legal Aid Intake Program
704 N. Mathews Rd. Greenwood, IN 46143 317-881-7828
Legal Aid Committee: Dannette Morgan, Mark Otten, Lori Torres

Legal Aid Eligibility and Intake

Johnson County Legal Aid is a volunteer project by the attorneys in Johnson County, serving residents of Johnson County with cases in Johnson County.

1. Income information - the program uses 150% of the Federal Poverty Guidelines, as do most Indiana legal service providers. Assets are also considered when determining eligibility for services. You are asked to verify your income and assets to determine whether you qualify for legal assistance. All income into the household is counted, including all who share the household.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Weekly Gross Income</th>
<th>Household Size</th>
<th>Weekly Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$375.00</td>
<td>4</td>
<td>$700</td>
</tr>
<tr>
<td>2</td>
<td>$490.00</td>
<td>5</td>
<td>$820</td>
</tr>
<tr>
<td>3</td>
<td>$575.00</td>
<td>6</td>
<td>$950</td>
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</tbody>
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2. Cases - several types of cases are not accepted for representation. Each applicant is limited to one (1) issue per application, and one (1) assigned case per year. Cases which are not accepted include:
   Any case which will generate income
   Child custody issues
   SSI or SSDI cases or appeals
   Small claims cases
   Criminal cases
   Bankruptcy
   Probate and Estate cases
   Cases outside Johnson County

3. Application - each applicant must complete an application form, and verify and sign the application in order to be considered for the program.

4. Intakes - applicants are required to attend an intake session. Intakes and questions are not taken by telephone, or at the above address. The person seeking assistance must be a resident of Johnson County, with a Johnson County Case. There are three (3) intake sessions each month:
   Second & fourth Tuesday 10:00am Greenwood Public Library, 310 S. Meridian, Greenwood
   Third Tuesday Noon Law Resources Center, 170 N. Jackson, Franklin

5. Assignment - if your case is accepted an assignment will be made as attorneys are available. There is frequently a waiting list and it is extremely important that your application contain telephone contact information. Once an attorney referral has been made, you will be notified and you need to contact the attorney and take the application and other documents to your first appointment. Finally, you must keep your attorney informed of any changes of address, telephone number, employment income, or assets.

I have read the above rules and understand them and agree to abide by them if my case is assigned to a pro bono attorney through Johnson County Legal Aid.

Date ___________________________ Signature of Applicant ___________________________

Johnson County Legal Aid Committee March 2016
Application - Johnson County Legal Aid Intake Project

Name: ___________________________ Date: _______________________

Address: ___________________________ City: ___________ Zip: ___________

Telephone for messages contact & messages (leave number it is safe to contact)

Male Female Marital Status: Married Single Divorced Widow/Widower

DOB: ___________ Date of Marriage: ___________ Date of Separation: ___________ Pregnant: Yes No

Resident of Indiana for past 6 months and Johnson County for past 3 months? Yes No

Nearest relative: ___________________________ Relationship: ___________________________ Telephone: ___________

Relative address: ___________________________ City: ___________ State: ___________ Zip: ___________

Number of people in household including family, room mates, children, anyone living there: ___________

Names of people in household Age Relationship Dependant for support?

__________________________________________

__________________________________________

__________________________________________

Your Employer: ___________________________ Hours per Week: ___________

Address: ___________________________ Hourly Wage: ___________

Length of Time of Employment: ___________ Previous Employer: ___________________________

If you are unemployed, explain why ___________________________

Receive SSDI or SSI: Yes No Amount per month: ___________ Date began: ___________

Receive pension or annuity payment? Yes No Amount per month: ___________

Receive child support? Yes No Amount per month: ___________

Receive public welfare, food stamps, assistance? Yes No Amount per month: ___________

Receive interest, dividends or regular gifts? Yes No Amount per month: ___________

Any other source of income? Yes No Amount per month: ___________

Do you own a home? Yes No Fair Market Value: ___________

Amount of Mortgage Due on Home ___________ Mortgage Payment month: ___________

Do you own a mobile home? Yes No Value: ___________ Owe: ___________

Do you own a boat or motorcycle? Yes No Value: ___________

Do you own stocks, bonds, annuity? Yes No Value: ___________
Do you own an automobile?  Yes No  Value: ___  Owe: ___  Year: ___  Make: ____________

Other Automobile?  Yes No  Value: ___  Owe: ___  Year: ___  Make: ____________

If no Automobile what transportation do you use?  ____________________________________________________________________________

Do you have a checking account?  Yes No  Bank: ______________  Balance: ____________

Do you have a savings account?  Yes No  Bank: ______________  Balance: ____________

List of debts/debtors  For: ______________  Amount: ______________

______________________________________________________________________________

______________________________________________________________________________

Full Name of Opposing Party: __________________________________________________________________________

Relationship of Opposing Party:  Spouse  Ex-spouse  Partner  Ex-Partner  Family  Other

Opposing Party Address: ______________________________________________________________________________

City: _____________  State: _____________  Zip: _____________  Telephone number: ___________________________

Employment: _______________________________________________________________________________________

Hourly/Weekly Wage: __________________________________________________________

Legal problem or legal assistance needed: _______________________________________________________________________________________

Court: __________________________  Cause Number: __________________________

Pending Court Date: __________________________

Verification

I hereby affirm that I have read the above application and completed it fully and truthfully.
I further agree to keep Johnson County Legal Aid and my assigned attorney advised in any changes in
my employment, case, address, telephone number or other information.

________________________________________  ____________________________
Date  Applicant

Johnson County Legal Aid: __________________________  Approved  ____  Declined  ____