

**Application Submission:**

Legal Self-Help Center (Lower Level of Hamilton County Courts)

Mail: Court Administration Attn.: Help Center, One Hamilton County Square, Suite 313, Noblesville, IN 46060

Email: [legalselfhelp@hamiltoncounty.in.gov](mailto:legalselfhelp@hamiltoncounty.in.gov)

(317) 776-8428 Ext. #68428

*Applicant must provide a current W-2 or 1099. Please black out your Social Security number.*

## HAMILTON COUNTY LEGAL SELF-HELP CENTER FOR Unrepresented Litigants

INTAKE FORM/APPLICATION			
Date:			
Participant Name:		Any Prior Names:	
Street Address		City/State/Zip	How long have you lived in Hamilton County?
Phone # (H)	May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone # (W)	May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone # (C)	May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:			
Marital Status: <input type="checkbox"/> Married How long? _____ <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced Date: _____		Number of Minor Children: _____	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referred By:	<input type="checkbox"/> Judge <input type="checkbox"/> Clerk's Office <input type="checkbox"/> Other: _____		
<b>Center participants must meet financial eligibility standards established by the State to utilize all services offered. Limited services are available to participants who do not meet financial eligibility standards and/or own substantial assets.</b>			

**2015 Federal Poverty Level as published by the Foundation for Health Coverage Education**

Note: Pregnant women count as two people for the purpose of this chart.

**48 Contiguous States and the District of Columbia**

250% Federal Poverty Guidelines		250% Federal Poverty Guidelines	
Family Size (# of dependents)	Gross <b>Yearly</b> Income	Family Size (# of dependents)	Gross <b>Monthly</b> Income
1	\$ 29,425	1	\$ 2,452
2	\$ 39,825	2	\$ 3,319
3	\$ 50,225	3	\$ 4,185
4	\$ 60,625	4	\$ 5,052
5	\$ 71,025	5	\$ 5,919
6	\$ 81,425	6	\$ 6,785
7	\$ 91,825	7	\$ 7,652
8	\$ 102,225	8	\$ 8,519

**If you feel you may qualify for services, please complete pages 1-2 and submit your application electronically or by mail.**

Are you receiving Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you claim the child/children on your income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:  Address:		Employer:  Address:	
<b>Gross Monthly Income:</b> List ALL income, public assistance, unemployment, pensions, worker's comp. interest, dividends, rent, etc.	Present Job	\$	
	Overtime/Tips	\$	
	Spouse's Income	\$	
	Child Support	\$	
	Spousal Support	\$	
	Social Security	\$	
	Disability	\$	
	Other	\$	
<b>Total Monthly Income:</b> \$			
<b>Property: Real Estate</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT			
<b>Property</b>	<b>Loan Balance</b>	<b>Monthly Payments</b>	
Mortgage/Rent	\$	\$	
Second Mortgage	\$	\$	
<b>Vehicles:</b>			
Year/Make/Model	<b>Loan Balance</b>	<b>Monthly Payments</b>	
1.	\$	\$	
2.	\$	\$	
<b>Assets:</b> Other than real estate & vehicles, list all other assets below, including: checking & savings accounts, stocks, bonds, insurance case value, IRA's deferred compensation, retirement funds, 401K, and investment accounts.			
<b>Type</b>	<b>Balance</b>	<b>Bank Name</b>	
Checking	\$		
Savings	\$		
Credit Union	\$		
401K	\$		
Other	\$		
<b>Additional Household Members</b>			
Name/Age	Relationship	Monthly Income/Income Source	
Household Size:			
I certify that the above information is true and correct to the best of my knowledge. I understand if I knowingly list any false information on this financial statement, I may be denied assistance.			
_____ Signature		_____ Date	

OFFICE USE: Does Participant Qualify? Intake Interviewer:		<input type="checkbox"/> No Stop Interview and Provide Direction to Self-Help Resources	<input type="checkbox"/> Yes Continue Interview	
<b>Type of Matter:</b>				
<input type="checkbox"/> Petition for Legal Separation	<input type="checkbox"/> Petition for Divorce No Children	<input type="checkbox"/> Petition for Divorce Children	<input type="checkbox"/> Information for Contempt for Visitation	
<input type="checkbox"/> Child Support	<input type="checkbox"/> Modification of Child Support	<input type="checkbox"/> Modification of Visitation	<input type="checkbox"/> Post-Divorce Custody	
<input type="checkbox"/> Emancipation of a Minor	<input type="checkbox"/> Request for Wage Withholding Order	<input type="checkbox"/> Guardianship Report	<input type="checkbox"/> Post-Divorce Parenting Time	
<input type="checkbox"/> Paternity	<input type="checkbox"/> Small Claims	<input type="checkbox"/> Other:		
Are any of the Litigants involved in ANY other Court Case? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please list Matter and Court Location		
Are there any indications of Domestic Violence (DV)?		<input type="checkbox"/> Yes (Stop Interview/Provide DV Resources/Send to Volunteer Attorney)		
		<input type="checkbox"/> No (Continue Interview)		
Is Participant interested in Mediation?		<input type="checkbox"/> No (Stop Interview and Send to Volunteer Attorney)		
		<input type="checkbox"/> Yes (Continue Interview)		
Is Participant interested in Counseling?		<input type="checkbox"/> No (Stop Interview and Send to Volunteer Attorney)		
		<input type="checkbox"/> Yes (Continue Interview)		
Is Participant interested in Parenting Time Coordination?		<input type="checkbox"/> No (Stop Interview and Send to Volunteer Attorney)		
		<input type="checkbox"/> Yes (Continue Interview)		
<b>CASE DISPOSTION</b>				
Participant Not Eligible:				
Participant Eligible:				
<input type="checkbox"/> Assisted in Form Selection				
<input type="checkbox"/> Assisted in Form Completion				
<input type="checkbox"/> Petition for Legal Separation	<input type="checkbox"/> Petition for Divorce without Children	<input type="checkbox"/> Petition for Divorce with Children	<input type="checkbox"/> Petition for Modification of Support	
<input type="checkbox"/> Modification of Custody	<input type="checkbox"/> Emancipation of a Minor	Other:		
<input type="checkbox"/> Referred for Mediation				
<input type="checkbox"/> Referred for Family Counseling				
<input type="checkbox"/> Referred for Social Services	Agency:	Agency:	Agency:	
Date Matter Closed: _____				