

## ALSC APPLICATION FORM

Name: \_\_\_\_\_

Other names by which you have been known: \_\_\_\_\_

Marital status: \_\_\_\_\_ Date of birth: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone Nos: Home \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

Total number of people in your household: \_\_\_\_\_ Number of these who are children \_\_\_\_\_

<b>Current household gross income from all sources:</b>				<b>Expenses</b>			
Source	Amt	Time period	Item	Balance	Pmts	Time period	
ATAP/ASAP	_____	per _____	Child care	_____	_____	per _____	
Adult Public Assistance	_____	per _____	Child support	_____	_____	per _____	
Alimony/child support	_____	per _____	Medical	_____	_____	per _____	
Earnings/wages	_____	per _____	Other emp exp:	_____	_____	per _____	
Longevity Bonus	_____	per _____	Other: _____	_____	_____	per _____	
PFD	_____	per _____	_____	_____	_____	per _____	
Retirement/pension	_____	per _____	_____	_____	_____	per _____	
Social Security	_____	per _____	_____	_____	_____	per _____	
SSI	_____	per _____	_____	_____	_____	per _____	
Unemployment	_____	per _____	_____	_____	_____	per _____	
VA	_____	per _____	_____	_____	_____	per _____	
Worker's comp	_____	per _____	_____	_____	_____	per _____	
Other	_____	per _____	_____	_____	_____	per _____	
<b>Total</b>	_____	per _____	<b>Total</b>	_____	_____	per _____	

Total income from all sources for past 12 months or last calendar year: \_\_\_\_\_

Land (location, acreage, value, debt): \_\_\_\_\_

Bank accts (bank(s), balance(s)): \_\_\_\_\_

Vehicles (yr, make, value, debt): \_\_\_\_\_

Other (item, value): \_\_\_\_\_

Type of case or legal question: \_\_\_\_\_

Opposing party's name: \_\_\_\_\_

Opposing party's address: \_\_\_\_\_

What other areas of Alaska has opposing party lived in? \_\_\_\_\_

List any other names by which opposing party is known: \_\_\_\_\_

If you have been to Legal Services before, state where and when: \_\_\_\_\_

I certify that the above information is correct and that I am a citizen of the United States.

Date: \_\_\_\_\_

I have considered the applicant's gross income and other relevant factors in 45 CFR 1611.5 and conclude based on the above data that the applicant is financially eligible.  
(initials) \_\_\_\_\_

## Volunteer Attorney Support Bankruptcy Questionnaire

Welcome! We hope that we can be of assistance to you. We want to start by having you give us some information about yourself and what brought you here. Please answer each question as accurately and completely as possible. Where you are requested to provide a dollar amount, if you are unsure of the exact amount, please provide your best estimate as to the amount owed or value. We will rely on this information to understand your legal problem and decide whether we can help you.

### **Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address, if different from above: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Single: \_\_\_ Married: \_\_\_ Widowed: \_\_\_ Divorced: \_\_\_

Gender: Male: \_\_\_ Female: \_\_\_ Ethnicity: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Family Monthly Income: \_\_\_\_\_

Name, address and phone number of someone who can get a message to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

Amount of money in checking/saving accounts: \_\_\_\_\_

Do you own an automobile? \_\_\_Yes \_\_\_No (If yes, provide the following)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Amount you owe on Auto: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Amount you owe on Auto: \$ \_\_\_\_\_

Do you own any real property? \_\_\_Yes \_\_\_No (If yes, provide the following)

Description: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Balance Owed: \$ \_\_\_\_\_

Do you have an interest in any pension, retirement, or savings plan? \_\_\_Yes \_\_\_No

If yes, provide the approximate balance in all plans: \$ \_\_\_\_\_

Do you have any Individual Retirement Accounts: (“IRA”)? \_\_\_Yes \_\_\_No

If yes, provide the approximate balance in all IRAs: \_\_\_\_\_

Have any of there IRAs been established in the past 6 months? \_\_\_Yes \_\_\_No

Do you own any interest in an Alaska Native Corporation? \_\_\_Yes \_\_\_No

If yes, identify the corporation and the number of shares held:

Village: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Region: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Have you received any dividend(s) in the past year? \_\_\_Yes \_\_\_No

(If yes, Provide)

Village Corporation \$ \_\_\_\_\_ Regional Corporation \$ \_\_\_\_\_

Do you expect to receive an inheritance within the next year? \_\_\_Yes \_\_\_No

If yes, provide the particulars:

Do you own any furs or jewelry other than wedding rings or costume jewelry?

\_\_\_Yes \_\_\_No If yes, describe and provide an estimated value:

Do you have any antiques, art or coin collections, or other collectibles? \_\_\_Yes \_\_\_No

If yes, describe and provide the value:

Do you own any stocks, bonds, or interests in any partnerships, corporations, or limited liability company? \_\_\_Yes

\_\_\_No If yes, describe and provide value:

Does any one owe you money? \_\_\_Yes \_\_\_No

If yes, identify the person owing you money and the amount owed to you:

Do you have a claim against anyone for personal injury, discrimination, harassment, wrongful termination or for any other reason that you think you could sue on?

\_\_\_Yes \_\_\_No

If yes, provide the details and the amount of your claim or potential claim:

Do you own any other item(s) having a value in excess of \$500 (other than a household item or wearing apparel)?  
\_\_\_ Yes \_\_\_ No

If yes, describe and give estimated value:

Do you receive alimony, maintenance, support or child support? \_\_\_ Yes \_\_\_ No  
If yes, provide:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Is this a Child Support Payment? \_\_\_ Yes \_\_\_ No

If yes, has it been assigned to CSED? \_\_\_ Yes \_\_\_ No

Do you receive any disability, pension or public assistance payments, e.g., welfare, SSI? \_\_\_ Yes \_\_\_ No If yes, provide the following:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Provide your total monthly household net (take home) income: \$ \_\_\_\_\_

Provide your average monthly expenses for:

Rent/Mortgage \$ \_\_\_\_\_

Food/Household \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

(Insurance, gas, repairs, public transportation)

Life Insurance \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

(Including insurance not deducted from pay)

Charitable Contributions \$ \_\_\_\_\_

Religious Contributions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Other Information**

Have you received any credit counseling in the past year? \_\_\_ Yes \_\_\_ No

If yes, provide the following:

Date(s): \_\_\_\_\_ Agency: \_\_\_\_\_

Do you owe taxes? \_\_\_ Yes \_\_\_ No

If yes, provide the following:

Federal \$ \_\_\_\_\_ Year(s) \_\_\_\_\_ Income \_\_\_ Payroll \_\_\_ Excise \_\_\_

State \$ \_\_\_\_\_ Year (s) \_\_\_\_\_ Type of Tax: \_\_\_\_\_

Local \$ \_\_\_\_\_ Year (s) \_\_\_\_\_ Type of Tax: \_\_\_\_\_

Have you failed to file a required tax return for any year? \_\_\_ Yes \_\_\_ No

In the past year have you provided a financial statement to anyone? \_\_\_ Yes \_\_\_ No

If yes, provide the name of the person(s) to whom the financial statement was given and the reason you gave that person a financial statement:

If in connection with obtaining credit, was the application approved? \_\_\_ Yes \_\_\_ No

Have you at any time been accused of fraud, embezzlement, or violating the duties of a fiduciary?

\_\_\_ Yes \_\_\_ No if yes, provide the details:

Have you at any time been accused of injuring a person or their property? \_\_\_ Yes \_\_\_ No

If yes, provide the details:

Do you owe on any student loans? \_\_\_ Yes \_\_\_ No

If yes, provide the following:

Lender: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Lender: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Lender: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you ever been involved in an accident where you were accused of operating a motor vehicle, boat or aircraft under the influence of alcohol or drugs? \_\_\_ Yes \_\_\_ No

Have you ever filed for bankruptcy before? \_\_\_ Yes \_\_\_ No

If yes, provide the following:

Month & Year: \_\_\_\_\_ Where (Court): \_\_\_\_\_

Are presently being sued by any one? \_\_\_ Yes \_\_\_ No

If yes, describe the nature of any such lawsuit and the amount of the claim being made:

Are you presently suing anyone? \_\_\_ Yes \_\_\_ No

If yes, describe the nature of any such lawsuit and the amount of the claim being made:

Are you required to pay alimony, maintenance, support or child support to a spouse, former spouse or child?  
 Yes  No

If yes, provide the following:

Name of Person receiving the payment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Is this Child Support?  Yes  No

Are you in arrears on these payments?  Yes  No If yes, Amount \$ \_\_\_\_\_

Has the claim been assigned to CSED?  Yes  No

Have you ever been divorced?  Yes  No

If yes, provide the following:

Were you ordered to pay money or transfer property to your former spouse as part of the property division that has not been transferred or paid?  Yes  No

If yes, describe what you gave, its value, and the reason for giving:

Is anyone garnishing your wages or bank accounts or foreclosing on real property or attempting to repossess any of your property?  Yes  No

If yes, identify the creditor and what is being garnished, foreclosed on attempted to be seized:

Have you ever owned a business, been a partner in a partnership, or an officer, director or a shareholder of a corporation? \_\_\_ Yes \_\_\_ No

If yes, provide the details, including the position held and the years you were involved:

Have you ever been fined, incurred of forfeiture, or ordered to pay restitution as part of a criminal proceeding that has not been fully satisfied? \_\_\_ Yes \_\_\_ No

If yes, provide the details:

Have you ever been involved in a lawsuit against the State of Alaska? If yes, please provide the details:

Have you made any purchases on, or obtained cash advances from, any credit card in excess of \$1,000 in the past three months? \_\_\_ Yes \_\_\_ No

If yes, provide the following:

Name of Card Issuer: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Card Issuer: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Do you anticipate incurring any large bills in the next year, e. g.. medical, automobile repairs or replacement, etc.? \_\_\_ Yes \_\_\_ No

If yes, provide the details:

Briefly describe why you believe it is necessary of advisable for you to file bankruptcy.

Please list all of the people/companies that you owe money and the amount that you owe to each.

Briefly describe your legal problem:

What is your desired outcome?

I certify that I am a United States citizen. \_\_\_\_\_  
(Signature required)

I certify that I am a legal alien \_\_\_\_\_  
(Signature required)

My green card number is \_\_\_\_\_  
Copy of green card needs to be attached, or  
copy of other legal alien paperwork needs to be attached.