



Teton County Access to Justice Center

P.O. Box 13338
Jackson, WY 83002
(307) 734-9023

WAIVER

IMPORTANT:

All applicants must read and sign this waiver before submitting an application to the Teton County Access to Justice Center.

The Teton County Access to Justice Center is not a law firm. Rather, it is a doorway to the legal system. The Center will try to match you with an attorney who can assist you with a civil legal problem. Because our staff member who takes your application is not acting as an attorney or your attorney, he/she cannot give you any legal advice. Also, anything you tell our staff—including financial information or information related to your case—is not protected by attorney/client confidentiality. However, we do need to obtain enough information to determine if you are eligible for our program and to assign an appropriate attorney. We will keep your application in a locked place, but we cannot preserve its confidentiality in case of a court order.

I understand and agree as follows: The Teton County Access to Justice Center is NOT a law firm. The staff member taking my application is NOT my attorney. He/she is NOT representing me or my interests. The information I provide is NOT protected by attorney/client confidentiality.

Applicant (print name) Applicant (signature)

Date

SECTION II. FINANCIAL INFORMATION

14. Total # of Household Members: _____ # of Adults: _____ # of Children: _____

Name	Age	Name	Age

15. Are you disabled? [] Yes [] No Type of Disability: _____

16. Do you, your spouse or your children receive State and/or Federal Benefits such as Social Security, Medicaid, Medicare, food stamps, WIC, Unemployment, Workers Comp, etc.?
 [] Yes [] No.

If Yes, then please fill out the following:

Name	Type of Benefit	Amount Received

17. Where do you work?

Employer	Address	() Phone

18. Please list your monthly income before taxes and expenses:

Income	Applicant	Spouse	Other Resident	Other Resident
Employment				
Child Support				
Alimony				
Pension/Retirement				
VA Benefits				
Investment Accts				
Other:				
Other:				

19. If you listed no income above, how are you supporting yourself? _____

20. Do you rent your home? Rent \$ _____ per month.

21. Do you receive housing assistance? [] Yes [] No

If Yes, How much do you receive? \$ _____ per month.

22. Landlord Name and Address: _____

SECTION III. ASSETS

23. If you own your own home, what is its current value? \$ _____

24. Do you or anyone in your household own a 2nd home? [] Yes [] No

If Yes, what is the current value of your second home? \$ _____

25. Do you or anyone in your household own land, other than land upon which your home sits?

[] Yes [] No If Yes, what is the current value of the land? \$ _____

26. Provide the total amount of cash of everyone in your household. Please do not leave any box empty. If your household does not have one of the listed funds, put "NA" in the box. Put in "0" if your household has the account, but there is no money in it.

Name	Cash	Checking	Savings	Other

27. What is the value of your primary vehicle? \$ _____

28. What is owed on the vehicle? \$ _____

29. Does anyone in your household own any other vehicles? [] Yes [] No. If Yes, please list the vehicle(s):

Year and Make/Model	Value	Owner of Vehicle

30. Please list any other items of value that you or a household member owns that is worth more than \$200.

Owner	Description of Item	Value

SECTION IV. CASE INFORMATION

31. Brief Description of Legal Problem (Statement of Facts): _____

32. Name of Adverse / Opposing Party: _____

33. Name of Adverse Party's Attorney: _____

34. Is there an open Court Case? [] Yes [] No [] Don't Know

a. Case Number: _____ Court Location: _____

b. Deadlines (Court Dates, Answer Dates, Etc.): _____

35. Please tell us what you would like us to do about your legal problem? _____

36. Does your case involve Domestic Violence? [] Yes [] No

If Yes, briefly explain: _____

37. Are there protection orders or temporary orders of any type in place now? [] Yes [] No

If Yes, briefly explain: _____

38. Do we have your permission to contact private attorneys to assist with your case?

[] Yes [] No

THE INFORMATION PROVIDED ON THIS APPLICATION FOR LEGAL SERVICES IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: _____ Signature: _____



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CLIENT RIGHTS AND DUTIES

1. **YOU MUST QUALIFY FOR HELP.** Your income and assets cannot be greater than our poverty-level guidelines. Your problems must involve civil (not criminal or traffic) law.
2. **OUR GOAL IS TO GIVE YOU THE BEST HELP WE CAN.** Our staff works under attorney guidance to determine how each case should be handled. Local attorneys volunteer to take our cases. We try to concentrate on serious problems that affect our client's ability to survive or maintain their families, and we also concentrate on cases where we have a reasonable chance of accomplishing our client's goals.
3. **YOU MUST GIVE US ALL OF THE INFORMATION YOU HAVE.** You have to give us all of your financial information so that we can know if you qualify financially. If you don't tell us about income or assets, we can stop helping you. You must tell us everything you know about your case, so that we can have the information we need to determine the best way to help you.
4. **WE MUST RESPECT YOUR RIGHT TO CONFIDENTIALITY.** Without your permission, we cannot talk to anyone about your case. If there is someone you don't want us to contact, please tell us.
5. **YOU MUST KEEP IN TOUCH.** If you move, be sure to give us your new address and phone number. If you change your mind about what you want to do, let us know.
6. **WE MUST REPRESENT YOUR INTERESTS.** When an attorney takes a case, they represent only their client, and must respect their client's wishes. Of course, no attorney will do anything unethical or against the law, and an attorney can also refuse to do things the client wants to do which the attorney feels are against the client's interest or not likely to succeed.
7. **YOU MAY HAVE TO PAY SOME COSTS, BUT YOU WILL NOT PAY ATTORNEY FEES.** As long as you are an eligible client, you will not pay any attorney fees. An attorney can request costs in advance. Costs can include court filing fees, costs of serving papers, long-distance telephone and postage bills, copying costs, etc. If your case is referred to an attorney, you can talk to your attorney about costs, some of which can be waived by the Court.
8. **WE ARE HELPING YOU WITH PROBLEM YOU TALKED TO US ABOUT.** If you have an attorney, your volunteer attorney is only asked to help you with the problem that you talked to us about. If you have other problems, come back to the Center office or call to get help. And once your case is closed, you will have to fill out another application if you need any more help.
9. **WE MUST LET YOU KNOW WHAT IS HAPPENING ON YOUR CASE.** You should know within a reasonable period of time after submitting your application if you qualify for help. If we need more time (or more information from you) to figure out how to help you, we will let you know. You have a right to expect your case to be handled as quickly as possible and to be kept advised as to the progress of your case. However, if you do not give us the information we need, or keep in touch, we cannot help you.
10. **YOU HAVE THE RIGHT TO COMPLAIN ABOUT WHAT WE DO.** If we tell you that we cannot help you because you don't qualify financially or because we don't handle the type of case you have, or that our rules won't allow us to take your case, or if you do not like the way that you are being treated or the case is being handled, you can complain. The Center will investigate and consider your complaint. If you do not understand how to complain we will help you file a complaint.

11. **YOU ARE RESPONSIBLE FOR YOUR CASE.** Unless and until the Center's participating attorney has accepted your case, you are responsible for deadlines or decisions that have to be made. We will try to work as quickly as we can, but until you are approved you **MUST** keep track of your case.

If you have a question regarding eligibility for services, the quality of legal services being given by your attorney, including any claim that you have been denied services or given inadequate service because of your race, color, national origin, religious preference, sex, sexual orientation, marital status, age, handicap, disability, political affiliation or any other consideration prohibited by law, or if you believe that the Center has violated any Regulation, Instruction or Guidelines of the Wyoming Center for Legal Aid, please request a copy of the program's grievance policy at 307-777-6967.

I have read the Client Rights and Duties. I understand and accept that these are the terms under which I will be accepted as a client of the Teton County Access to Justice Center.

Date: _____ Signature: _____