

14TH CHANCERY COURT DISTRICT
APPLICATION FOR PARTICIPATION IN LEGAL CLINIC

Date of Intake: _____

Location of Legal Clinic: **Oktibbeha County Chancery Courthouse**

Date of Legal Clinic: **Friday, July 29, 2022**

Clinic Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Race: _____

Telephone: _____ Alternate Telephone: _____

U.S. Citizen: ___ Yes ___ No Sex: ___ Male ___ Female DOB: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Monthly Income: \$ _____ Number of Adults ___ Children ___ in Household

Type of Case—Check one:

- No-Fault Divorce
- Adult Name Change
- Emancipation
- Uncontested General Guardianships
- Simple Will
- Advanced Healthcare Directive (AHD)
- Power of Attorney (POA)

Affidavit as to Financial Information Provided

I do solemnly swear that the information given above is true and correct as stated.

Signature of Participant

Name(s) of Adverse Party (other person(s) involved): _____

Briefly describe the type of legal assistance the applicant is seeking: _____

To be completed by Volunteer Attorney or Law Student:

Legal Services Provided: Please Check One

- _____ Drafted pleadings
- _____ Gave legal advice only
- _____ Referred client to a legal nonprofit for further assistance
- _____ Agreed to represent participant after the legal clinic
- _____ Did not provide any services to the legal clinic participant

Volunteer Attorney's Name: _____ MS Bar #: _____

14TH CHANCERY COURT DISTRICT
APPLICATION FOR PARTICIPATION IN LEGAL CLINIC

Date of Intake: _____

Location of Legal Clinic: **Noxubee County Chancery Courthouse**

Date of Legal Clinic: **Friday, August 5, 2022**

Clinic Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Race: _____

Telephone: _____ Alternate Telephone: _____

U.S. Citizen: ___ Yes ___ No Sex: ___ Male ___ Female DOB: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Monthly Income: \$ _____ Number of Adults ___ Children ___ in Household

Type of Case—Check one:

- No-Fault Divorce
- Adult Name Change
- Emancipation
- Uncontested General Guardianships
- Simple Will
- Advanced Healthcare Directive (AHD)
- Power of Attorney (POA)

<p><u>Affidavit as to Financial Information Provided</u> I do solemnly swear that the information given above is true and correct as stated.</p> <p style="text-align: center;">_____ Signature of Participant</p>

Name(s) of Adverse Party (other person(s) involved): _____

Briefly describe the type of legal assistance the applicant is seeking: _____

To be completed by Volunteer Attorney or Law Student:

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- _____ Drafted pleadings
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Volunteer Attorney's Name: _____ MS Bar #: _____