

APPLICATION FOR LEGAL SERVICES

IT IS NECESSARY THAT YOU ANSWER ALL QUESTIONS AND DO NOT LEAVE ANY BLANKS SO THAT YOUR ELIGIBILITY FOR FREE LEGAL ASSISTANCE CAN BE DETERMINED.

INTAKE DATE	INTERVIEWER	INTAKE OFFICE	CASE TYPE	CASE NUMBER

NAME (LAST, FIRST, M/I) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_ PHONE (CELL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Spouse Name \_\_\_\_\_

Divorced \_\_\_\_\_ Date of Divorce \_\_\_\_\_ Spouse Social Security No. \_\_\_\_\_

Spouse Address & Phone No. \_\_\_\_\_

Widowed \_\_\_\_\_ Spouse's Date of Death \_\_\_\_\_

PRIMARY LANGUAGE: English \_\_\_\_\_ Spanish \_\_\_\_\_ Creole \_\_\_\_\_ Other \_\_\_\_\_

CITIZENSHIP STATUS: US Citizen \_\_\_\_\_ Legal Resident \_\_\_\_\_ Undocumented Alien \_\_\_\_\_

How Many People in Your Household: Adults \_\_\_\_\_ Minors \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**LEGAL  
AID**  
SERVICE OF BROWARD COUNTY  
**Legal Aid Service of Broward County**  
**Low Income Taxpayer Clinic**

TYPE OF INCOME, FREQUENCY, AMOUNT, MONTHLY AMOUNT, ANNUAL AMOUNT

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Have you or family members been represented by Legal Aid before? YES \_\_\_ NO \_\_\_

When? \_\_\_\_\_ Are you represented by an attorney now? YES \_\_\_ NO \_\_\_

If so, who? \_\_\_\_\_ What type of case? \_\_\_\_\_

WHAT IS YOUR TAX PROBLEM AND ASSISTANCE NEEDED FROM THE LOW-INCOME TAXPAYER CLINIC? WHAT IS THE AMOUNT IN CONTROVERSY?

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HAVE YOU RECEIVED ANY NOTICES FROM THE IRS REGARDING THIS PROBLEM? (IF YES, PLEASE PROVIDE A COPY OF NOTICE/S RECEIVED?)

YES \_\_\_ NO \_\_\_

HAVE YOU HAD ANY PRIOR COMMUNICATION WITH THE IRS REGARDING THIS MATTER IN PERSON OR OVER TELEPHONE?

YES \_\_\_ NO \_\_\_

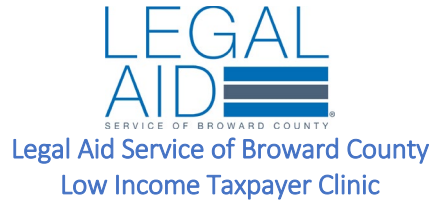
IF YOU HAD PRIOR COMMUNICATION WITH THE IRS, WHAT ASSISTANCE OR INFORMATION DID THEY PROVIDE YOU?

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HAVE YOU FILED TAX RETURNS IN THE LAST TEN YEARS? NO \_\_\_\_\_ YES \_\_\_\_\_



ARE YOU CURRENTLY OR HAVE YOU EVER ENTERED INTO AN INSTALLMENT AGREEMENT WITH THE IRS FOR DELINQUENT TAXES?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, WHEN \_\_\_\_\_

IF YES, DID YOU COMPLY WITH ALL THE TERMS OF THE AGREEMENT? YES \_\_\_ NO \_\_\_

ARE YOU CURRENTLY RECEIVING DISABILITY INCOME OR OTHER PUBLIC ASSISTANCE?

NO \_\_\_ YES \_\_\_ IF YES, WHAT ASSISTANCE? \_\_\_\_\_

ARE YOU CURRENTLY INVOLVED IN A BANKRUPTCY ACTION? NO \_\_\_ YES \_\_\_

**APPLICANT'S CERTIFICATE**

THE ANSWERS AND INFORMATION FURNISHED ABOVE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I REQUEST THE LOW-INCOME TAXPAYER CLINIC TO RELY ON THEM WHEN DECIDING WHETHER I AM ELIGIBLE FOR FREE LEGAL SERVICES. I AGREE THAT:

If my financial condition improves, I will immediately notify the Low-Income Taxpayer Clinic of the Legal Aid Service or the private attorney or the tax professional to whom my case is referred for assistance.

I authorize the Low-Income Taxpayer Clinic of the Legal Aid service to contact any Person or Agency to obtain information relevant to this application.

Legal Aid Service of Broward County, Inc (LASBC) may be required to disclose certain information to its funding sources. The types of information currently subject to such disclosure are time records, eligibility records, the client's name, and the general nature of the problem.

Assistance will be provided to you by the Legal Aid's staff or by a pro bono attorney, CPA, Enrolled Agent from the Broward Lawyers Care Program (BLC). Please be advised that they are not the staff of LASBC. You will be notified the person assigned to your case by the BLC.

(DISCLOSURE: ALTHOUGH THE CLINIC RECEIVES FUNDING FROM THE IRS, THE CLINIC AND ITS EMPLOYEES AND VOLUNTEERS ARE NOT AFFILIATED WITH THE IRS AND A TAXPAYER'S DECISION TO USE THE LITC WILL NOT AFFECT THE TAXPAYER'S RIGHTS BEFORE THE IRS)

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

Applicant's Signature: \_\_\_\_\_

I am a citizen of the United States of America.

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

Applicant's Signature: \_\_\_\_\_