

Idaho Volunteer Lawyers Program

The first step in requesting legal assistance from volunteer attorneys through the Idaho Volunteer Lawyers Program (IVLP) is to provide IVLP with basic information about you and your legal request. You can do that by completing the IVLP Applicant Information Form below or call (208) 334-4510 (or 1-800-221-3295). To use the form below, type in your information, then print, sign and return the completed form to IVLP. Our intake coordinator will call you to gather more details of your legal request. IVLP determines if you are eligible for legal assistance by considering your case type, household income, and other specific circumstances.

Please note that acceptance of any case depends on the circumstances of the case and the availability of volunteer attorneys. When can IVLP help? For family law cases, priority is given to matters in which domestic violence or child endangerment are at issue.

We cannot take the following types of cases: cases where the attorney can collect fees, child support collection, criminal issues, defense of child protection cases, defense of protection order cases, enforcement or appeals, paternity cases, Social Security issues, torts, or Workers Compensation.

Funding sources require that we determine the citizenship status of all applicants to the Program. Having citizenship is NOT a requirement for receiving assistance from IVLP. IF you are not a citizen, please submit your form and certify that the information given is true and correct with your signature on the first signature line.

Send completed and signed form to:

**Idaho Volunteer Lawyers Program
PO Box 895
Boise, ID 83701-0895**

OR FAX to (208) 334-4515, Attn: IVLP, or Email to ivlpintake@isb.idaho.gov

Idaho Volunteer Lawyers Program's Applicant Information Form

Please Print, Sign and Return:

Send completed form to:

Idaho Volunteer Lawyers Program
PO Box 895
Boise, ID 83701-0895

Date: _____

or: FAX to (208) 334-4515, Attn: IVLP
or Email to ivlpintake@isb.idaho.gov

Name: _____
Title First M.I. Last

Name: _____ (second name for
Title First M.I. Last guardianships etc.)

Address: _____
City State Zip

Phone: _____ Email: _____

Msg. Phone: _____

Hours available between 8-5: _____

Age: _____ Sex: _____ Race: _____

Are you the victim of Domestic Violence? _____ (yes or no)

If yes, have you contacted a crisis center for
assistance? _____ (Name of center)

Has CPS ever been involved in this case? _____

Number in Household:

Adults: _____

Children: _____

Total House: _____

Gross Monthly Income: (Amount) _____

Employment: _____

Unemployment: _____

TAFI: _____

Child Support: _____

SS/Disability: _____

Other Income: _____

Total Income: _____

Food stamps: _____

Motor Vehicles:

Year, Model, Value of each
How much do you owe on each vehicle? _____

Describe Residence (Own or buying): _____
Equity Value: _____

Liquid Assets--list:

For example: Checking/Savings Accounts, CDs, Stocks/Bonds

Total Value of Liquid Assets: _____

Non Liquid Assets-- List:

For example: IRAs, Land, Property that is not your residence,
Personal items (computers, cameras, stereos, snowmobiles, etc..)

Total Value of Non Liquid Assets: _____

Case Type (Check one)

- Adoption
- Debt Defense (Limited)
- Custody/Modification
- Divorce
- Guardianship Adult
- Guardianship Child
- Immigration
- Mortgage Foreclosure
- Other Family
- Wills/Estates (Limited)
- Other (Please Specify)

Papers Served: _____ (Date)

Deadlines: _____ (Date)

Attorneys Seen/Hired: _____

County of Action: _____

Opposing Party: _____
First M.I. Last

OP Address: _____
City State Zip

OP's Income: _____

OP's Attorney: _____

Comments:

I CERTIFY THAT THE INFORMATION WHICH I HAVE DISCLOSED ABOVE IS TRUE AND CORRECT

Signature: _____ Date: _____

I AM A CITIZEN OF THE UNITED STATES:

Signature: _____ Date: _____