

WVU Clinical Law Program Application Form

Date of Application: _____

(All information will be kept confidential.)

Please fill the application out completely. This information is necessary for us to consider you for our assistance. We receive many applications each academic semester; there is no guarantee that yours will be selected. **Return application to: WVU College of Law, Clinical Law Program, P.O. Box 6130, Morgantown, WV 26506.**

Name of Applicant (please print clearly): _____

Address: _____

Telephone number(s): _____

Can we safely call the applicant at the above phone number(s)? Yes _____ No _____

New Applicant: _____ Former Client: _____ (prior name if different: _____)

How did applicant hear about us?

Household Income:	Number of Persons in household:
Employment (applicant) _____	Adults _____
Employment (spouse/other) _____	Children _____
Tanf _____	ages _____
Unemployment _____	
VA _____	
SSI/Social Security _____	
Retirement _____	
Child Support _____	
Food Stamps _____	
Other _____	
	Total _____
Total Household Income _____	

Nature of Case: (check as many as apply) Divorce _____ Custody _____ Child Support _____ Adoption _____

Other Family _____ Tax Court _____ Bankruptcy _____ Social Security _____ Consumer _____ Wills _____

Property _____ Veterans _____ Other _____ explain: _____

Name of opposing party: _____

Hearing Date: _____ Other Deadline: _____

Describe problem: (use back if needed)

(Office Use - Decision date: _____ Refer for screening _____ Reject _____)

Assigned to: _____