

BANKRUPTCY

LEGAL AID CENTER OF SOUTHERN NEVADA

725 E. Charleston Blvd.
Las Vegas, Nevada 89104
702-386-1070

To apply for legal aid assistance through the *Pro Bono* Project of the Legal Aid Center of Southern Nevada (LACSN), you will need to visit the LACSN office for an interview during the following walk-in hours:

Weekday	Morning Walk-in Hours	Afternoon Walk-in Hours
Tuesday	8:30 am – 11:00 am	1:00 pm – 4:00 pm
Wednesday	8:30 am – 11:00 am	1:00 pm – 4:00 pm

Due to the high demand at this time, please understand that we will make every effort to assist you during walk-in hours. However, we reserve the right to set up an appointment for another date and time in the event we are unable to meet with you during walk-in hours.

To begin the intake process you must bring the following documents to your interview.

√	Item #	Document Description
	1.	State photo ID – Driver’s License, military ID, etc.
	2.	Copy of Social Security Card for each person filing for bankruptcy.
	3.	Income verification - paystubs, etc. for the past six months. <i>If you are receiving Unemployment income, Social Security Income or Disability, please provide a letter of award indicating how much you receive.</i>
	4.	An itemized <u>list</u> of all debts including creditor’s name, address, account # and balance (pages 1-4). <i>Please don’t bring a bag/box/carton of unopened bills or your meeting will be rescheduled.</i>
	5.	Bank statements for the past six months (checking, savings and/or investment account).

To complete your intake, you will be required to provide LACSN with these remaining documents. You are encouraged to bring these documents to your first interview to expedite the process. ALL of the documents and information are required to be considered for pro bono placement.

√	Item #	Document Description
	6.	Credit Counseling Certificate.
	7.	Two out of three credit reports. www.AnnualCreditReport.com provides free reports.
	8.	A copy of your tax return or tax transcripts for each of the past three years. <i>If you were not required to file taxes, provide a copy of transcripts from the IRS stating you were not required to file.</i>
	9.	A copy of a divorce decree.
	10.	Any lawsuits against you.

Please be advised that you will meet with a Bankruptcy Intake Advocate -- not an attorney. The Advocate will interview you and collect all of the pertinent information and documents which will assist LACSN in determining whether free legal aid can be provided to file your bankruptcy case.

This is only an interview. You will not receive legal advice. Pro Bono assistance is not guaranteed. LACSN is not liable for delays caused by scheduling and does not guarantee any specific outcome in your matter.

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LEGAL AID CENTER
■ ■ ■ ■ *of Southern Nevada*

Legal Name: First: _____ Middle Name: _____ Last Name: _____

Commonly used name: _____

Mailing Address: _____ Apt./SpC No.: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Alternate Address: _____ Cell No: _____

City: _____ State: _____ Zip Code: _____ Work No: _____

Preferred contact method for official communication ☐ Email ☐ Postal Mail

Email Address: _____ **(Do NOT use email if any safety issues exist)**

Date of Birth: _____

Gender: _____

Social Security No. (Last 4 Digits): _____

☐ **Hispanic and/or the following:**

☐ White

☐ African American

☐ Asian

☐ American Indian/Alaskan Native

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Native/White

☐ Asian/White

☐ African American/White

☐ American Indian/Alaskan Native/African American

☐ Other/Multi Racial

☐ Unknown

Language: ☐ English ☐ Spanish ☐ Other: _____

Female Head of Household: ☐ Yes ☐ No

Is Client Disabled? ☐ Yes ☐ No

Is Client Active Duty Military? ☐ Yes ☐ No

Is Client a Veteran? ☐ Yes ☐ No

How did you find out about Legal Aid Center?

☐ Bar Association

☐ Rape Crisis Center

☐ Court

☐ Relative/Friend/Neighbor

☐ D.A.

☐ Safenest/Safehouse

☐ DFS

☐ School

☐ Internet

☐ Self Help Center - Civil

☐ Medical Provider

☐ Self Help Center - Family

☐ Military

☐ State, County, Law Enforcement

☐ Nevada Legal Services or Non-Profit Agency

☐ Previous Client

☐ Other (specify) _____

Legal Problem:

☐ Divorce

☐ Special Education

☐ Bankruptcy

☐ Foreclosure

☐ Auto Purchase/Repair

☐ Custody

☐ Garnishment

☐ Identity Theft

☐ Real Estate

☐ Auto Repossession

☐ Guardianship ☐ Debt Collection

☐ Student Loan

☐ Landlord/Tenant

☐ Social Security

☐ Being Sued ☐ Payday/Title Loan

☐ Small Claims

☐ Homeowners Assoc.

☐ Other: _____

Name of people and/or companies involved with this problem: _____

Briefly describe your legal problem: _____

What are you hoping Legal Aid Center of Southern Nevada can do to help you? _____

ALL CLIENT INCOME & EXPENSES

Number of Adults in Household: _____ Children: _____

Are you currently employed? ☐ Yes ☐ No Where? _____

TOTAL HOUSEHOLD MONTHLY INCOME (Income before taxes and other deductions)

Your Income:

Employment Income \$ _____
Social Security/Disability \$ _____
TANF/Food Stamps \$ _____
Unemployment Income \$ _____
Child Support \$ _____
Pension or Other Income \$ _____

Other Household Income:

Employment Income \$ _____
Social Security/Disability \$ _____
TANF/Food Stamps \$ _____
Unemployment Income \$ _____
Child Support \$ _____
Pension or Other Income \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

HOUSEHOLD ASSETS

Cash on Hand (or in bank) \$ _____
Tools/Equipment/Other Asset \$ _____
Home Equity \$ _____
Real Property \$ _____
Auto Equity \$ _____
Total Assets \$ _____

MONTHLY HOUSEHOLD EXPENSES

Mortgage or Rent Expenses \$ _____
Utilities \$ _____
Child Care/Transportation \$ _____
Child Support Expenses \$ _____
Debt Payments \$ _____
Medical Expenses \$ _____
Other \$ _____
Total Monthly Expenses \$ _____

I have read the information above and attest that it is correct to the best of my knowledge, information and belief. By signing below, you understand that no legal advice or information will be provided during your initial intake interview. Completing this intake does not establish an attorney/client relationship. Legal Aid Center of Southern Nevada is not offering or agreeing to represent you in any legal matter. Assistance is based only on a brief review of the disclosed facts. Legal Aid Center of Southern Nevada is not responsible for the outcome of your case. It is recommended that you consult with a private attorney prior to the filing of any documents.

Signature: _____ Date: _____

If you are dissatisfied with the services provided to you by Legal Aid Center of Southern Nevada, or by the denial of services, you may file a written grievance. You may obtain a copy of the grievance procedure from the receptionist.

Itemized Listing of Debt

Name: _____

Date: _____

Debt Information (Please make sure debt information is updated.)	Amount Owed	Last Used	Comments
Mortgage/Rent: Address: Acct #:			
Mortgage(if there is a 2nd on the house) Address: Acct #:			
Auto: Address: Acct: <hr/> 2nd Auto: Address: Acct:			
Student Loans: Address: Acct #:			
Student Loans: Address: Acct #:			
IRS Year _____ Year _____ Year _____			

PAGE TOTAL \$_____

Name _____

Page _____

Debt Information (Please make sure debt information is updated.)	Amount Owed	Last Used	Comments
Credit Cards/ Merchant Cards: 1. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 2. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 3. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 4. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			

PAGE TOTAL \$ _____

TOTAL FOR PAGE 1&2 \$ _____

Name _____

Page _____

Debt Information (Please make sure debt information is updated.)	Amount Owed	Last Used	Comments
Credit Cards/ Merchant Cards: 5. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 6. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 7. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 8. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			

PAGE TOTAL \$ _____

TOTAL FOR PAGE 1, 2 & 3 \$ _____

Name _____

Page _____

Debt Information (Please make sure debt information is updated.)	Amount Owed	Last Used	Comments
Credit Cards/ Merchant Cards: 9. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 10. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 11. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			
Credit Cards/ Merchant Cards: 12. Creditors Name: Address: ACCT# Reason for debt: Credit Card Services Rendered Medical Other explain: _____			

PAGE TOTAL \$ _____

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