

SOUTHERN METHODIST UNIVERSITY

SMU Legal Clinics

VanSickle Family Law Clinic Application Procedures

Thank you for inquiring about legal representation at SMU VanSickle Family Law Clinic ("VanSickle Clinic"). The VanSickle Clinic ~~limits its practice to Dallas County Family District Courts (venue) on the following~~

[REDACTED]

STEP 1: Complete the PDF application and submit by mail to PO Box 750116, Dallas, Texas 75275, fax (214) 768-1611 or email VanSickleFamilyLaw@smu.edu.

family law matters: divorce, child custody, visitation, paternity, modifications, enforcement actions, child support, and adoption. *The VanSickle Clinic will consider the following factors in determining whether to accept an application.* (1)

[REDACTED]

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STEP 3: Please review *Important Notice* below

IMPORTANT NOTICE

If the SMU VanSickle Family Law Clinic accepts you as a client, your case will be handled primarily by student associates under the supervision of a clinical faculty member or supervising attorney. If your case is accepted by the SMU VanSickle Family Law Clinic, you understand and agree that your case

[Redacted signature area]

-FOR OFFICE USE ONLY-

Application #: _____

Date Received: _____

Action:

SA:

APPLICATION FOR LEGAL REPRESENTATION

~~Please read our application procedure in Case 1:03-cv-00000-UNA.~~

~~Please type or print all on the application as completely as possible and submit via mail, fax or e-mail.* Please do not send any documents with your application.~~

VanSickle

APPLICANT INFORMATION

Name:

Phone

Address: [Street]

[City]

[State]

[Zip]

Describe your relationship to each of the persons living with you (for example spouse, child, parent, etc.)

EMPLOYMENT INFORMATION

CHECK ONE: Full-time _____ Part-time _____ Unemployed _____

Name of Employer: _____

[Street]

Address: _____

[City] _____ [State] _____ [Zip Code] _____

Work Phone Number: () _____

Occupation:

Monthly Income: _____

Monthly Expenses (total amount): \$ _____

List of Expenses and Amounts:

Other sources of income (social security, retirement, interest, dividends, etc.):	

Type:

Amount:

Work Phone Number: ()

Occupation

Monthly Income:

Do you have access to your spouse's income: Yes: _____ No:

WHO IS THE OPPOSING PARTY?

Name:

[City)

[State]

[Zip Code]

Phone Number:

What county is your case in (or will be in if the case has not been filed)?

Do you have a court hearing or trial set? If so, when?

Have you been served with any documents? If so, when?

Please tell us about your legal matter in the space provided below:

: What would you like to see happen?

Attorneys, like other professionals who advise on personal financial matters, are required by a federal law (the Gramm-Leach-Bliley Act) to inform their clients of their

policy regarding privacy of client information. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected our clients' right to privacy. In the course of representing our clients, we receive all manner of significant personal financial information from them. If you become a client of the firm, you are advised that all information we receive from you will be held in confidence and not released to outside persons, except as agreed to by you or as