



Your Phone Number

*Format U.S. +1 (Area code) *** - ** ***

*For foreign phone numbers include + (Country code) *** - ** ***

☞ Calls? Yes No

☞ Text Messages? Yes No

☞ Voicemails? Yes No

☞ Via Email? Yes No

Preferred way to be contacted



Indicate texts -or- calls -or- emails

Preferred Language of your choice

English Russian Other _____

Translation

Yes No

If yes please, specify which language, what purpose, types of documents, etc.

Interpreter

Yes No

If yes, please specify language, purpose, types of communication, court hearings, etc.

Part 2 **Income Information**

Please understand you might be asked to provide proof of eligibility based on the responses you provided (For example, produce necessary documentation to verify family size and/or income). Below should indicates the total amount of funds from all the following sources (before taxes and deductions) you personally (and/or your household) receive per month (including the financial assistance under one or more of the following programs).

Employment

(Type -or- Industry) (Part-time -or- Full-time)

Unemployment

Spousal Support

Alimony

Child Support

Pension

Retirement

(Cont'd)

Please note RCLF does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. RCLF is committed to providing an inclusive and welcoming environment equally for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.*



Social Security

California Food Assistance Program

CalFresh -or- Snap (Both Are Generally known as Food Stamps)

CalWORKs

California Work Opportunity and Responsibility to Kids Act

County Assistance

County Relief, General Relief "GR" or General Assistance "GA"

SSP State Supplemental Payment

SSDI

*SSI Supplemental (not - Social Security)
Security Income*

IHSS

In-Home Supportive Services

CAPI

Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants

Other

Specify e.g., financial support from sponsor, etc.

How do you support yourself?

(Provide a short narrative below, include indicates the total amount of funds from all the sources, including the financial assistance under one or more of the above programs (if any) per month and include any life difficulties you may consider relevant)

How many adults (18 years and older) other than yourself depend on your income?

How many children (18 and under) depend on your income?

Your household size (how many persons are in your family)

for example, parent 1, parent 2 and one minor child are the household size of 3

(Cont'd)

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Part 3 Your legal issue information

If you are not already a client of RCLF please do not send confidential information other than personal information above until you've received a response about your eligibility and made a direct contact with an attorney. If you are a current client, please directly contact your attorney with respect to the matter.

If you have multiple issues, it may be necessary to re-determine your eligibility and schedule a follow-up or separate session.

Case? Open Case?

Legal Needs? Services Sought?

What courthouse is your case located?

Any upcoming court dates?

Any upcoming document submission(s)?

Have you consulted any attorney for this matter?

Have you consulted any legal service provider(s)?

Please specify the name of the pro bono legal service providers, organization, or private attorney, etc.

Do you consent for RCLF contact the whom previously consulted?

Yes No

Attorney for the other side?

READ CAREFULLY BEFORE SIGNING BELOW: I have reviewed the information provided above and responded truthfully, completely, and accurately to the best of my knowledge. I understand the financial eligibility requirements for legal services will be determined based on the responses I have provided in this form. I have signed this form under the penalty of perjury and my signed form is to be submitted to RusCrane Law Firm A.P.C. ("RCLF") for RCLF to determine my eligibility (if any) for the legal services to be provided. I understand RCLF cannot guarantee that it will be able to find an attorney to assist with some or all my legal matters. Further, I understand the submission of this form and the responses herein provided to RCLF does not mean the RCLF is my attorney and does not establish an attorney-client relationship even if I am financially eligible to receive the legal services, until certain specifications are met and I am accepted as Client of RusCrane Law Firm A.P.C. Prior to an attorney-client relationship RCLF completes a conflict check, discusses legal situation and the merits of a case to the extent possible, discusses the terms and conditions of the legal services and representation to be agreed upon and executes a written Retainer Agreement signed by Attorney and Client.

[Full Legal Name]

First Name, Last Name, Middle name/Patronymic if any

[Signature]

Handwritten mark, sign, digital or electronic, or provided in any other manner permitted by law

[Date]

Today's Date MM-DD-YYYY

Completed form can be emailed to: services@ruscranelaw.org

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