

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT
APPLICATION FOR SERVICES**

Applicant Information (must be enrolled, or eligible to be enrolled with CRIT):

Name: _____ **DOB:** _____
Mailing Address: _____ **Day Phone:** _____
 _____ **Eve. Phone:** _____
Physical Address: _____ **Fax:** _____
 _____ **Cell Phone:** _____
E-Mail: _____ **Enrollment No.:** _____
SSN: XXX-XX-_____

Applicant is seeking assistance with: (please mark which box(es) applies)

<input type="checkbox"/> Child Support (Defense) <input type="checkbox"/> Child Support (Seeking) <input type="checkbox"/> Child Custody (Defense) <input type="checkbox"/> Child Custody (Seeking) <input type="checkbox"/> Guardianship of a Minor <input type="checkbox"/> Conservatorship of Adult <input type="checkbox"/> Paternity (for Enrollment) <input type="checkbox"/> Child In Need of Care <input type="checkbox"/> Power of Attorney: <input type="checkbox"/> Durable <input type="checkbox"/> Healthcare <input type="checkbox"/> Parental	<input type="checkbox"/> Estate Planning (Writing a Will) <input type="checkbox"/> Probate of an Estate <input type="checkbox"/> Grievance <input type="checkbox"/> Small Claims <input type="checkbox"/> Personal Injury <input type="checkbox"/> Restraining Orders/Injunctions <input type="checkbox"/> Dissolution of Marriage (no kids) <input type="checkbox"/> Dissolution of Marriage (with kids) <input type="checkbox"/> Property Dispute <input type="checkbox"/> Housing Dispute <input type="checkbox"/> Name Change <input type="checkbox"/> Other: _____
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In order to determine whether there are conflicts, please provide as many details as possible:

Please list the full names and approximate ages of each person involved in your issue:

1	_____	Approximate Age: _____
2	_____	Approximate Age: _____
3	_____	Approximate Age: _____
4	_____	Approximate Age: _____
5	_____	Approximate Age: _____

Please describe any previous services you have received from Legal Aid:

For Office Use Only:	
Referral Required?	Yes No
Office File No.: _____	

CHILD CUSTODY SUPPLEMENT (3)

Have you and your spouse agreed on how Child Custody and Visitation shall be handled regarding your minor children?

- Yes, we both agree to custody and visitation under the terms below:
- No, we have not agreed to specifics, and what I desire are the terms below:
- I prefer that custody and visitation be left for the Court to decide.
- Joint Legal Custody (decision-making authority) for the both of us.
- Sole Legal Custody be granted to: _____

Primary Physical Custody to be granted to: _____

Any other specifics regarding Legal Custody and Physical Custody (i.e., one spouse to have primary physical custody of only one or some of the children, etc.):

Visitation to be arranged as follows:

- Visitation with the non-custodial parent every weekend.
- Visitation with the non-custodial parent every other weekend.
- Weekend visits include extended weekend days (i.e. a holiday or school ped day).
- Weekend visits do not include extended weekend days.
- Weekend visits begin at _____ p.m. on Friday (or Thursday on a long-weekend).
- Weekend visits end at _____ p.m. on Sunday (or Monday on a long-weekend).
- Visitation with the non-custodial parent shall be unsupervised.
- Visitation with the non-custodial parent shall be supervised.
Supervised by: _____

Any other comments that you would like to make us aware of regarding your desires for weekend visitations:

On the next page, there is a chart. The first two lines of the chart are examples to show you how you should complete the remainder of the chart. If there are other specific holidays or events (i.e., the child's birthday, your birthday, your spouse's birthday, etc.) that you want to include, please add them to the "Other" column in the chart. If you need more space, write on the opposite side of the page.

CHILD CUSTODY SUPPLEMENT (4)

Holiday:	Parent to have custody:	Odd-Years:	Even-Years:
<i>(i.e.) Mother's Day</i>	<i>Mother</i>	<i>X</i>	<i>X</i>
<i>(i.e.) Spring Break</i>	<i>Alternating</i>	<i>Mother</i>	<i>Father</i>
Mother's Day			
Father's Day			
Thanksgiving Break			
Spring Break			
Fall Break (if any)			
Christmas Eve			
Christmas Day			
New Years Eve			
New Years Day			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			

Are you a Registered Sex Offender? YES NO Do you live with one? YES NO

Is the other parent? YES NO Do they live with one? YES NO

Please describe any history of domestic violence between you and/or the other parent and/or the children, including dates, whether charges were filed, and outcome:

By signing this form, you are requesting services by the Legal Aid Department and waiving privacy to any third-party for the purposes of that service; you promise to update the Legal Aid Department of any change of contact information during the period of representation. The Legal Aid Department does not charge C.R.I.T. community members for services, but any fees (i.e., court filing fees) are the responsibility of the applicant. Please note that the court filing fee for Child Custody Cases is \$65 unless waived by the Tribal Court. You may complete a Fee Waiver Request Form, but the Legal Aid Department does not guarantee that the waiver shall be granted by the Tribal Court, and if the Tribal Court does not waive the filing fee, the applicant shall be responsible for providing a money order in the amount of \$65 made payable to the Colorado River Indian Tribes Tribal Court. If Legal Aid cannot take you on as a client for conflicts, we may seek approval for a referral.

Applicant Signature: _____ Date: _____