



Legal Aid of NorthWest Texas



Tarrant County Volunteer Attorney Services



L. Clifford Davis Legal Association



Sharen Wilson Criminal District Attorney



Arlington Young Lawyers Association

EXPUNCTION & NON-DISCLOSURE LEGAL CLINIC APPLICATION

CHECKLIST

Prior to submitting your application please ensure you have completed the following items:

- _____ **1. Completed all parts of this application**
- _____ **2. Attached your most recent check stub**
- _____ **3. Attached your most recent award letter for public benefits**

Dear Prospective Applicant:

On Saturday, October 14th, 2017 attorneys with Legal Aid of NorthWest Texas and volunteer attorneys with Tarrant County Volunteer Attorney Services and L. Clifford Davis Legal Association will host a free expunction and non-disclosure clinic at the Greater Community Missionary Baptist Church from 8:30 a.m. - 4:00 p.m. The Greater Community Missionary Baptist Church is located at 126 E. Park Row, Arlington, Texas 76010.

If you would like to apply for services and participate in this clinic, please complete all parts of this application and submit to the Tarrant County Bar Association located at 1315 Calhoun Street, Fort Worth, Texas 76102 by 4:30 p.m. on September 22, 2017. Please understand we are unable to accept late or incomplete applications for assistance and cannot answer questions at the time you submit your application.

Once your completed application has been submitted it will be reviewed for expunction or non-disclosure eligibility as well as financial eligibility for services with Legal Aid of NorthWest. Those individuals that are not eligible for service with Legal Aid of NorthWest Texas may still be referred to another source for assistance.

After you submit your application someone will be in contact with you to either schedule your clinic appointment or advise you that you are not eligible to participate. You should be contacted by October 6th.

If an appointment is scheduled for you, you will attend the clinic on October 14th and meet with an attorney with either Legal Aid of NorthWest Texas, Tarrant County Volunteer Attorney Services or the L. Clifford Davis Legal Association. The attorneys that are participating in this clinic have agreed to represent those eligible individuals on a pro bono (free) basis. No attorney's fees will be charged. In some cases, clients may need to pay court filing fees. At the clinic you will meet your attorney and review the legal document(s) that will be filed in your case. Any questions you may have will be addressed at that time.

Finally, your submission of this application is a request for legal services. Please understand that neither Legal Aid of NorthWest Texas, Tarrant County Volunteer Attorney Services nor the L. Clifford Davis Legal Association or their attorneys have agreed to represent you until such time as your eligibility can be determined.

We look forward to seeing you at the clinic.

INFORMATION ABOUT YOU

My full legal name is _____

My date of birth is _____ Gender _____

My Social Security Number is _____ Race _____

My home and mailing address is _____

My telephone number is _____

My email is _____

My Texas driver's license or identification number is _____

I am a U.S. Citizen YES (___) NO (___)

INFORMATION ABOUT YOUR TARRANT COUNTY CRIMINAL OFFENSE

ALLEGED OFFENSE	
DATE OF ALLEGED OFFENSE	
DATE OF ARREST	
COUNTY WHERE ARRESTED	
MUNICIPALITY (CITY) WHERE ARRESTED	
ARRESTING AGENCY	
CAUSE NUMBER	
COURT	
DATE OF DISCHARGE AND DISMISSAL	

INFORMATION ABOUT YOUR HOUSEHOLD FINANCES

While the attorneys participating in the clinic will not charge attorney’s fees, there may be filing and services fees that you will be responsible for paying on the day of the clinic. The filing and service fees associated with your case *could* range from approximately \$350 - \$450. These fees must be paid in the form of a cashier’s check or money order on the day of the clinic.

If you do not have money to pay your filing fees, you can request that these fees be waived. In order to make this request, a Statement of Inability to Afford Payment of Court Costs must be filed at the same time your petition is filed. Below is a Questionnaire for the Statement of Inability to Afford Payment of Court Costs. Please be sure to complete the questionnaire with *accurate information* and attach your most recent award letter for public benefits and your most recent check stub.

YOUR MONTHLY INCOME AND INCOME SOURCES

I get this monthly income:

\$_____ in monthly wages. I work as a _____ for _____.
(Your Job Title) (Your Employer)

\$_____ in monthly unemployment. I have been unemployed since (date) _____.

\$_____ in public benefits per month.

\$_____ from other people in my household each month. *(List only if other members contribute to your household income.)*

\$_____ from Retirement/Pension Tips, bonuses Disability Worker’s Comp.
 Social Security Military Housing Dividends, Interest, Royalties
 Child/spousal support
 My spouse’s income or income from another member of my household (if available.)

\$_____ from other jobs/sources of income (describe) _____.

\$_____ is my total monthly income.

About My Dependents: “The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PUBLIC BENEFITS

I do not receive need based public benefits.

-or-

I receive these public benefits/government entitlements that are based upon indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food Stamps/SNAP WIC TANF Medicaid CHIPS
- Public Housing Section 8 Need-based VA Pension SSI
- Community Care via DADS LIS in Medicare (“Extra Help”) AABD
- Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline County Assistance, County Health Care, or General Assistance (GA)
- Child Care Assistance under Child Care and Development Block Grant
- Other: _____

VALUE OF YOUR PROPERTY

My property includes:

Description	Value*	Loan Balance
Cash	\$ _____	\$ _____
Bank Accounts, other financial assets	\$ _____	\$ _____
Home/real property	\$ _____	\$ _____
Vehicles (cars, boats) including make and year	\$ _____	\$ _____
Make: _____ Year: _____		
Other property (jewelry, stocks, land, another house, etc.)	\$ _____	\$ _____
Total Value of Property	\$ _____	\$ _____

* The value is the amount the item would sell for less the amount you still owe on it, if anything.

MONTHLY EXPENSES

My monthly expenses are:

Expenses:	Amount:
Mortgage or Rent and maintenance	\$ _____
Utilities (Water/Electric/Gas/Cable/Trash)	\$ _____
Telephone (Home & Cell)	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____
Gasoline	\$ _____
Car Maintenance (Oil change, Inspection, Tires)	\$ _____
Other Transportation (Bus, Cab, Train)	\$ _____
Groceries (Amount spent above SNAP benefits received)	\$ _____
Children (Daycare, Formula, Diapers, Lunches, School Supplies, Activities)	\$ _____
Medical, Dental, Vision, Life Insurance	\$ _____
Medical, Dental, Vision, Expenses (Deductibles, co-pays, out of pocket, prescriptions)	\$ _____
Personal Grooming (Haircut, Hygiene Products)	\$ _____
Clothing (Party and Children)	\$ _____
Cleaning, Laundry, Dry Cleaning, Uniforms	\$ _____
Installment Contracts and Credit Cards	\$ _____
Wages Withheld by Court Order (Child/Spousal Support)	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

DEBTS OR OTHER FACTS EXPLAINING YOUR FINANCIAL SITUATION

My debts include: (List debt and amount owed)

Debt	Amount Owed
1. _____	\$ _____
2. _____	\$ _____
TOTAL DEBT	\$ _____

Additional facts exists concerning my financial situation that I believe are important for the court to know.
