

GONZAGA UNIVERSITY SCHOOL OF LAW | CLINICAL LEGAL PROGRAMS
COMMUNITY JUSTICE PROJECT

General Public Practice & Indian Law Clinic

Supervising Attorney: Bryan Pham, S.J., J.D., Ph.D.

APPLICATION FORM
KALISPEL INDIAN TRIBE CITIZENS

LEGAL

NAME: _____ SPOUSE'S NAME: _____
First Middle Last First Middle Last

(AKA): _____ INDIAN NAME: _____
Any and all previous names used, include Maiden Name

ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
P O Box City State Zip

SEX: Male Female

BIRTH DATE: _____ SPOUSE'S BIRTH DATE: _____

HOME TELEPHONE NUMBER: _____ E-MAIL: _____

CELL NUMBER: _____

MESSAGE NUMBER and NAME OF PERSON: _____

VOTING RIGHTS (optional): Are you registered to Vote? Yes No
Would you like more information? Yes No

ARE YOU ENROLLED IN THE KALISPEL INDIAN TRIBE? YES NO

IF YES, PLEASE IDENTIFY ENROLLMENT NUMBER: _____

DO YOU RESIDE ON THE KALISPEL INDIAN RESERVATION? YES NO

DO YOU RESIDE ON ALLOTTED LAND? YES NO

IF YES, IS IT A TRUST ALLOTMENT? YES NO

DO YOU HAVE TRANSPORTATION? YES NO

ARE YOU SEEKING LEGAL HELP FOR YOURSELF? YES NO

ARE YOU SEEKING LEGAL HELP FOR SOMEONE ELSE IN YOUR FAMILY? YES NO

IF YES, NAME THAT PERSON: _____

HAVE YOU USED OUR SERVICES BEFORE? YES NO

IF YES, WHEN: _____

HOW WERE YOU REFERRED TO US? _____

721 N. Cincinnati Street | P.O. Box 3528, Spokane, WA 99220-3528
Phone : 509.313.5791 | Fax : 509.313.5805 | TTY : 509.313.3796

Total Monthly Income: YOURS: \$ _____ SPOUSE: \$ _____

Veteran Status: Disabled: Previous Client:
 No Yes Yes
 Veteran No No
 Spouse of a Veteran

Marital Status: Limited English-Speaking: Means of Transportation:
 Married Yes Own Car
 Never Married No Family/Friend
 Divorced No Public Transportation
 Separated No Senior Transportation
 Widowed No No Transportation

LIVING ARRANGEMENT: Other or Unknown
 Apartment Own Home
 Assisted Living Facility Prison
 Condominium Relatives
 Homeless Rented Home
 Jail Rented Room
 Juvenile Detention Rents Apartment
 Living in Shelter Rents House
 Living with Friends/Relative/Others Rents Mobile home
 Mental Health Facility Rents Room
 Migrant Camp Shelter
 Mobile Home Single Room Oc.
 Nursing Home Unknown

NUMBER IN HOUSEHOLD: _____ NUMBER OF LIVING CHILDREN: _____

INCOME INFORMATION:

Gross wages	\$	Social Security Retirement	\$
Public Assistance/TANF	\$	SSDI / SSI (circle one)	\$
Alimony	\$	Disability	\$
Pension/Retirement/Not SS	\$	Food Stamps	\$
Insurance or Annuity	\$	Trust/Interest/Dividends	\$
Business Net Profit	\$	Veteran's Benefits	\$
Child Support	\$	University Scholarships	\$
Unemployment Comp.	\$	Net Gambling Winnings	\$
Worker's Compensation	\$	Other	\$

DEADLINES/COURT DATE(S): _____

COURT	CASE NUMBER	TYPE OF PROCEEDING

ADDITIONAL INFORMATION: _____

ADVERSE PARTY/PARTIES:

FULL LEGAL NAME: _____

(AKA): _____ DATE OF BIRTH: _____

Any and all previous names used, include Maiden Name

STREET ADDRESS: _____

Street City State Zip

MAILING ADDRESS: _____

P O Box City State Zip

HOME TELEPHONE NUMBER: _____ CELL NUMBER: _____

E-MAIL ADDRESS: _____

ATTORNEY/ADDRESS/PHONE/FAX: _____
