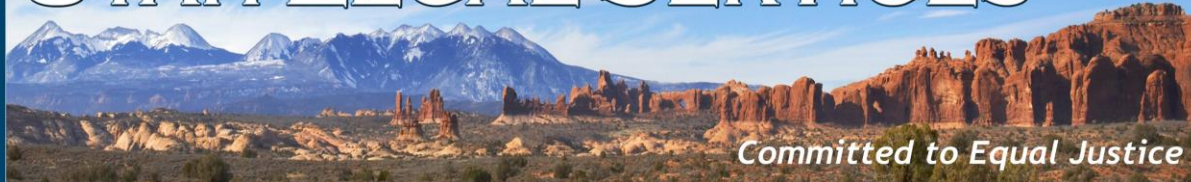




# UTAH LEGAL SERVICES



Committed to Equal Justice

## CLIENT INFORMATION SHEET

NAME		OTHER NAMES USED			
ADDRESS		CITY	STATE		ZIP
HOME PHONE	WORK PHONE		OTHER PHONE		
SOCIAL SECURITY #	BIRTH DATE	GENDER F M	RACE	MARITAL STATUS	

I declare that I am a <u>CITIZEN</u> of the United States.		<b>OR</b>	I declare that I am a <u>LEGAL IMMIGRANT</u> in the United States <u>OR</u> I am a <u>NON-CITIZEN</u> of the United States (if you are a legal immigrant, we must have copies of your immigration papers).	
SIGNATURE:			SIGNATURE:	
DATE:		Alien #:		DATE:

**INCOME AND ASSET INFORMATION:** Please list all income and assets for each person in your household. "Household" means those who live with you (or from whom you are separated temporarily for economic reasons but intend to live with long term) and who are related to you by blood or by law as relatives for whom you have legal responsibility. *If you need space for more than 3 people, please use the back of this form.*

NUMBER OF ADULTS (18+) IN MY HOUSEHOLD:  NUMBER OF CHILDREN IN MY HOUSEHOLD:

PERSONAL, INCOME AND ASSET INFORMATION	YOU (REQUIRED)	PERSON #2	PERSON #3
<b>NAME</b> – you must name all other household members who have income or assets	(as above)		
<b>RELATIONSHIP TO YOU</b>	(as above)		
<b>BIRTH DATE</b>	(as above)		
<b>WORK INCOME</b> – current <i>monthly</i> amount <i>before</i> taxes	\$	\$	\$
<b>DISABILITY and RETIREMENT INCOME</b> – current <i>monthly</i> amount	\$	\$	\$
<b>WELFARE and UNEMPLOYMENT BENEFITS</b> – current <i>monthly</i> amount (DO NOT include Food Stamps)	\$	\$	\$
<b>CHILD / SPOUSAL SUPPORT RECEIVED</b> – current <i>monthly</i> amount	\$	\$	\$
<b>OTHER INCOME</b> – Any other income such as rental income, etc. – <i>total monthly amount</i>	\$	\$	\$
<b>EQUITY IN HOUSE OR LAND</b> – <b>NOT INCLUDING ONE HOME YOU LIVE IN.</b> Equity means what would be left if you sold the property and paid off all the debts.	\$	\$	\$
<b>EQUITY IN VEHICLES (INCLUDING</b> boats, 4-wheelers, ATVs, snowmobiles, etc. but <b>EXCLUDING</b> 1 car per driver) – amount from sale of vehicles after debts are paid	\$	\$	\$
<b>SAVINGS / CHECKING / LOANS / CASH ON HAND</b> – List any cash, money in a bank account or loans/grants that do not have to be repaid for <i>each</i> person	\$	\$	\$
<b>STOCKS / BONDS / CERTIFICATES OF DEPOSIT</b> – current amounts	\$	\$	\$
<b>HOUSEHOLD ITEMS</b> – cash value of <b>EVERYTHING</b> in your home, including TV's, computers, sofas, clothing, washer, refrigerator, etc.	\$	\$	\$
<b>WORK-RELATED TOOLS AND/OR EQUIPMENT</b> – total value <b>ABOVE</b> \$3,500	\$	\$	\$
<b>INTEREST IN ANY BUSINESS</b> – fair market value of the interest	\$	\$	\$
<b>ANY OTHER ASSETS OF EXTRAORDINARY VALUE</b> – total amount	\$	\$	\$

DO you anticipate any substantial changes to the income/asset information above within the next 12 months? YES  NO

IF YES, please explain:

**OPPOSING PARTY:** Please provide information about the person or entity with whom you are having a problem.

NAME	PHONE #s				
ADDRESS	CITY	STATE	ZIP	GENDER F M	
SOCIAL SECURITY #	BIRTHDATE				

**VERIFICATION:** By signing below, I verify that this information is true & complete. I will immediately inform ULS of changes. I understand that this information is held confidential, except required disclosures to ULS' funding sources and I authorize the release of information for this limited purpose.

SIGNATURE:	DATE:
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If we cannot contact you, please give us a NAME and PHONE for someone who will always be able to contact you:

**MORE HOUSEHOLD MEMBERS:** You can add information about 3 more household members here.

<b>PERSONAL, INCOME AND ASSET INFORMATION</b>	<b>PERSON #4</b>	<b>PERSON #5</b>	<b>PERSON #6</b>
<b>NAME</b> – you must name <b>all</b> other household members <b>who have income or assets</b>			
<b>RELATIONSHIP TO YOU</b>			
<b>BIRTH DATE</b>			
<b>WORK INCOME</b> – current <b>monthly</b> amount <b>before</b> taxes	\$	\$	\$
<b>DISABILITY and RETIREMENT INCOME</b> – current <b>monthly</b> amount	\$	\$	\$
<b>WELFARE and UNEMPLOYMENT BENEFITS</b> – current <b>monthly</b> amount (do NOT include Food Stamps)	\$	\$	\$
<b>CHILD / SPOUSAL SUPPORT RECEIVED</b> – current <b>monthly</b> amount	\$	\$	\$
<b>OTHER INCOME</b> – Any other income such as rental income, etc. – <b>total monthly amount</b>	\$	\$	\$
<b>EQUITY IN HOUSE OR LAND</b> – <b>NOT INCLUDING ONE HOME YOU LIVE IN.</b> Equity means what would be left if you sold the property and paid off all the debts.	\$	\$	\$
<b>EQUITY IN VEHICLES (INCLUDING</b> boats, 4-wheelers, snowmobiles, etc. but <b>EXCLUDING</b> 1car per driver) – amount from sale of vehicles after debts are paid	\$	\$	\$
<b>SAVINGS / CHECKING / LOANS / CASH ON HAND</b> – List any cash, money in a bank account or loans/grants that do not have to repaid for <b>each</b> person	\$	\$	\$
<b>STOCKS / BONDS / CERTIFICATES OF DEPOSIT</b> – current amounts	\$	\$	\$
<b>HOUSEHOLD ITEMS</b> – cash value of <b>EVERYTHING</b> in your home, including TV's, computers, sofas, clothing, washer, refrigerator, etc.	\$	\$	\$
<b>WORK-RELATED TOOLS AND/OR EQUIPMENT</b> – total value <b>ABOVE</b> \$3,500	\$	\$	\$
<b>INTEREST IN ANY BUSINESS</b> – fair market value of the interest	\$	\$	\$
<b>ANY OTHER ASSETS OF EXTRAORDINARY VALUE</b> – total amount	\$	\$	\$

DO you anticipate any substantial changes to the income/asset information above within the next 12 months? YES  NO

IF YES, please explain: \_\_\_\_\_



**If you are a victim of Domestic Violence and/or a Senior (60+) or otherwise asked, please fill out the following:**

<b>UNREIMBURSED MEDICAL EXPENSES</b> – monthly	\$	<b>FIXED DEBTS &amp; OBLIGATIONS</b> (loan payments, mortgage, rent, insurance, utilities, etc.) – monthly	\$
<b>DEPENDENT/CHILD CARE EXPENSES</b> – monthly	\$	<b>EMPLOYMENT-RELATED EXPENSES</b> (transportation, equipment, clothing, etc.) – monthly	\$
<b>NON-MEDICAL expenses related to age or disability</b> – monthly	\$	<b>TAXES PAID</b> (food, non-food) – monthly	\$

*For Staff Use Only*

Initial here	If non-citizen, I verified/saw proof of legal status. (Attach copy)
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**Ogden**  
298 24<sup>th</sup> St., #110  
84401  
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Fax: 801-827-0420

**Salt Lake City**  
205 N. 400 W.  
84103  
801-328-8891  
Fax: 801-869-2715

**Provo**  
455 N. University #100  
84601  
801-374-6766  
Fax: 801-655-5350

**St. George**  
229 E. St. George Blvd. #103  
84770  
435-628-1604  
Fax: 435-986-7163



Toll Free (outside of Salt Lake County): 1-800-662-4245