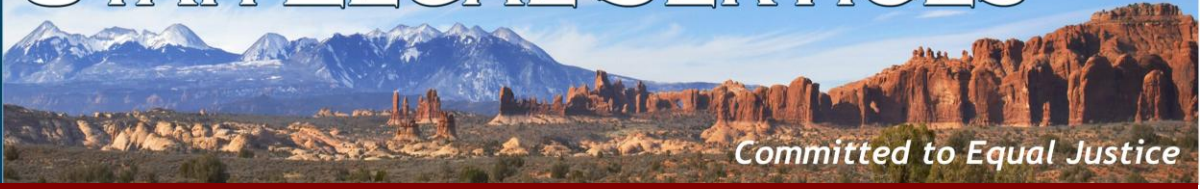




UTAH LEGAL SERVICES



Committed to Equal Justice

CITIZENSHIP ATTESTATION

NAME		OTHER NAMES USED	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	OTHER PHONE	

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

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



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

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