

THE LEGAL AID BUREAU OF BUFFALO, INC. - ReEntry

APPLICANT'S NAME (please print) _____

ADDRESS _____ CITY & STATE _____ ZIP CODE _____

PHONE NUMBER _____ REFERRED BY _____

AGE _____ DATE OF BIRTH ____/____/____ SS # ____/____/____ CITIZENSHIP _____

VETERAN (CIRCLE ONE): YES NO

SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

SPOUSE'S NAME _____ DATE OF BIRTH _____

LIST ALL YOUR CHILDREN UNDER THE AGE OF 21 (whether they live with you or not):

| | |
|-------------|---------------------|
| NAME: _____ | DATE OF BIRTH _____ |
| NAME: _____ | DATE OF BIRTH _____ |
| NAME: _____ | DATE OF BIRTH _____ |
| NAME: _____ | DATE OF BIRTH _____ |

TOTAL PEOPLE IN YOUR HOUSEHOLD: _____

HOUSEHOLD INCOME SOURCE(S):

How do you support yourself? (Check all that apply)

| YOU | Job | Amount |
|-----|--------------------------|---------------------------------------|
| | Where do you work: _____ | \$ _____ per hour / wk / biwk / month |
| | SSI | \$ _____ per month |
| | SSD | \$ _____ per month |
| | Cash Asst. | \$ _____ per month |
| | Food Stamps | \$ _____ per month |
| | Housing Asst. | \$ _____ per month |
| | Worker's Comp | \$ _____ per month |
| | Unemployment | \$ _____ per month |
| | Other | \$ _____ per month |

List Household Members and their Job or Benefits:

Basic program services include

- Applying for Certificates of Relief from Disabilities
- Applying for Certificates of Good Conduct
- Providing Counsel and Advice/Learn your rights information
- Reviewing and correcting Record of Arrest and Prosecution
- Review and correcting credit reports
- Includes Holistic Assessment to stabilize and connect clients to behavioral and physical health services and offer other related activities and legal services

Signature

Date

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 50
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: **10/1/24**

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

| | | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="radio"/> Under 5 years | <input type="radio"/> 10-15 years | <input type="radio"/> 21-24 years | <input type="radio"/> 45-54 years | <input type="radio"/> 62 years and older |
| <input type="radio"/> 5-9 years | <input type="radio"/> 16-20 years | <input type="radio"/> 25-44 years | <input type="radio"/> 55-61 years | |

2. Gender: Please check **one** from the below based on your (the participant) gender.

| | | |
|----------------------------|------------------------------|------------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Female | <input type="radio"/> Other: _____ |
|----------------------------|------------------------------|------------------------------------|

3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

| | |
|--------------------------------|------------------------------------|
| <input type="radio"/> Hispanic | <input type="radio"/> Non-Hispanic |
|--------------------------------|------------------------------------|

4. Please check **one** from the below which best describes your (the participant) race.

| | |
|---|---|
| <input type="radio"/> White | <input type="radio"/> Asian and Black or African American |
| <input type="radio"/> Black or African American | <input type="radio"/> American Indian or Alaskan Native and White |
| <input type="radio"/> Asian | <input type="radio"/> American Indian or Alaskan Native and Black or African American |
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Native Hawaiian or other Pacific Islander and White |
| <input type="radio"/> Native Hawaiian or other Pacific Islander | <input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American |
| <input type="radio"/> Black or African American and White | <input type="radio"/> Other/Multi Racial |
| <input type="radio"/> Asian and White | |

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

| | | |
|---------------------------|--------------------------|--------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not Applicable |
|---------------------------|--------------------------|--------------------------------------|

6. Are you (the participant) severely disabled?

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

| Income Limits | 1 Person Household | 2 Person Household | 3 Person Household | 4 Person Household |
|-----------------|--|--|--|---|
| 30% median (XL) | <input type="radio"/> \$20,350 or less | <input type="radio"/> \$23,250 or less | <input type="radio"/> \$26,150 or less | <input type="radio"/> \$29,050 or less |
| 50% median (VL) | <input type="radio"/> \$33,950 or less | <input type="radio"/> \$38,800 or less | <input type="radio"/> \$43,650 or less | <input type="radio"/> \$48,450 or less |
| 80% median (LI) | <input type="radio"/> \$54,250 or less | <input type="radio"/> \$62,000 or less | <input type="radio"/> \$69,750 or less | <input type="radio"/> \$77,500 or less |
| 81%+ median | <input type="radio"/> \$54,251 or more | <input type="radio"/> \$62,001 or more | <input type="radio"/> \$69,751 or more | <input type="radio"/> \$77,501 or more |
| Income Limits | 5 Person Household | 6 Person Household | 7 Person Household | 8 Person Household |
| 30% median (XL) | <input type="radio"/> \$31,400 or less | <input type="radio"/> \$33,700 or less | <input type="radio"/> \$36,050 or less | <input type="radio"/> \$38,350 or less |
| 50% median (VL) | <input type="radio"/> \$52,350 or less | <input type="radio"/> \$56,250 or less | <input type="radio"/> \$60,100 or less | <input type="radio"/> \$64,000 or less |
| 80% median (LI) | <input type="radio"/> \$83,700 or less | <input type="radio"/> \$89,900 or less | <input type="radio"/> \$96,100 or less | <input type="radio"/> \$102,300 or less |
| 81%+ median | <input type="radio"/> \$83,701 or more | <input type="radio"/> \$89,901 or more | <input type="radio"/> \$96,101 or more | <input type="radio"/> \$102,301 or more |

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____

**THE LEGAL AID BUREAU OF BUFFALO, INC.
CLIENT AGREEMENT**

The Legal Aid Bureau of Buffalo, Inc. (hereafter LAB) and _____
(hereafter Client) hereby agree that LAB will provide only the following services: _____

RESPONSIBILITIES OF CLIENT:

1. To tell LAB all the facts about your case as honestly and completely as possible.
2. To advise LAB of any changes pertinent to your case or any changes pertaining to your eligibility for services, such as income, resources, living arrangements, address, phone number, etc.
3. To pay an initial sum of \$ 0.00 plus any additional amounts as incurred toward the costs necessary to defend or prosecute your case (such as copying costs, transcripts, service fees, subpoena costs, and court costs). Those funds which have not been expended at the conclusion of your case or at a time you abandon the case or decide you no longer want LAB to represent you, will be refunded to you.
4. To call to schedule an appointment to meet with your lawyer.

RIGHTS OF CLIENT:

1. To receive legal services without paying for a lawyer.
2. To have your complaint reviewed by LAB's management if you are dissatisfied with the service provided to you or the manner in which it was provided, however, you must make your complaint to the Executive Attorney in writing.
3. To decide at any time that you do not wish LAB to continue to represent you.

RESPONSIBILITIES OF LAB:

1. To represent you to the best of its abilities and to abide by all professional standards of competence and responsibility. (However, LAB cannot guarantee the outcome of its representation).
2. To keep you informed in a timely manner of the legal developments in your case.
3. To identify your legal options, explain the risks and consequences of each, and include you in a decision of how to proceed with your case, including obtaining your acceptance or rejection of any settlement that may be offered.

RIGHTS OF LAB:

1. To choose the attorney or paralegal to work on your case and to change the person on your case at any time.
2. In consultation with you, to determine the appropriate legal steps to represent you.
3. To seek and retain attorney fees and statutory costs from the opposing party, providing your legal rights are not prejudiced by same.
4. To withdraw as your attorney if your income or resources become higher than LAB's eligibility guidelines, if irreconcilable differences occur between you and the staff assigned to your case as to how your representation should proceed, or if you fail to maintain contact with LAB by refusing to communicate or by changing your address without notifying LAB. (If this becomes necessary, LAB will only withdraw pursuant to the provisions of the Code of Professional Responsibility and applicable State law).
5. If you have retained us on an Unemployment case we reserve the right to withdraw as counsel at LAB attorneys' discretion if, upon review of your Department of Labor file or Unemployment file, we determine you have no defense or claim.
6. If you wish to appeal, LAB reserves the right to decide whether to represent you on appeal, after considering the likelihood of success on the appeal and the ability of LAB to complete the appeal.
7. To represent you only after the agreement is signed and initial deposit is paid.

DATE: _____

THE LEGAL AID BUREAU OF BUFFALO, INC.

RECEIPT ACKNOWLEDGED:

CLIENT: _____

BY: _____

STATEMENT OF CLIENT'S RIGHTS AND RESPONSIBILITIES

An attorney is providing you with this document to inform you of what you, as a client, are entitled to by law or by custom. To help prevent any misunderstanding between you and the attorney, please read this document carefully.

If you ever have any questions about these rights, or about the way your case is being handled once you retain the attorney, you are responsible to ask your attorney. Your attorney should be readily available to represent your best interests and to keep you informed about your case.

An attorney may not refuse to represent you on the basis of race, creed, color, sex, sexual orientation, age national origin or disability.

You are entitled to an attorney who will be capable of handling your case, show you courtesy and consideration at all times, represent you zealously, and preserve your confidences and secrets that you reveal in the course of the relationship to the extent permitted by law. You are responsible to communicate honestly, civilly and respectfully with your attorney.

Even though you are being represented by an attorney without fee, you may be responsible at the beginning of the case or before or after the trial to contribute to or pay the other party's attorney's fees and other costs if the Court orders you to do so.

Even though you are being represented by an attorney without fee, the other party may be responsible to contribute to or to pay your attorney's or expert fees in your case, if the Court orders the other party to do so.

You may be required to pay for court filing fees, process servers as well as fees for expert reports, testimony, depositions and/or trial testimony and you may seek reimbursement from the other party. The attorney will discuss this with you.

If you engage in conduct which is found to be frivolous or meant to intentionally delay the case you could be fined or sanctioned and/or responsible for additional fees.

You are responsible to be honest and truthful in all discussions with your attorney, and to provide all relevant information and documentation to enable her or him to competently prepare your case. Attorneys and clients must make reasonable efforts to maintain open communication during business hours throughout the representation. An attorney may seek to be relieved as your attorney if you are not honest and truthful with her or him.

You are entitled to be kept informed of the status of your case, and to be provided with copies of correspondence and documents prepared on your behalf or received from the court or your adversary.

You are responsible to be present and on time in court at the time that conferences, oral arguments, hearings and trials are conducted unless excused by the Judge or the part rules of the assigned Judge.

You are entitled to make the ultimate decision on the objectives to be pursued in your case, and to make the final decision regarding the settlement of your case. Your attorney has the right to send you written communications if your attorney disagrees with how you want your case handled.

You are entitled to have your attorney's best efforts exerted on your behalf, but no particular results can be guaranteed.

If you entrust money with an attorney for an escrow deposit in your case, the attorney must safeguard the escrow in a special bank account. You are entitled to a written escrow agreement, which will be part of your retainer agreement, a written receipt, and a complete record concerning the escrow. When the terms of the escrow agreement have been performed, the attorney must promptly make payment of the escrow to all persons who are entitled to it.

Receipt Acknowledged :

Attorney ' s signature

Client' s signature

Date



HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

Financial Issues

- ☐ I am a victim of identity theft
- ☐ I want to request my credit reports
- ☐ I am unable to pay my bills
- ☐ I have a lot of debt
- ☐ I would like help with my benefits

Family

- ☐ I am married and would like a divorce
 - ☐ Other family matters
 - ☐ I would like to change my name/child's name
 - ☐ I cannot afford my child support*
 - ☐ My license has been suspended because I owe arrears (back pay)
 - ☐ I think I have child support orders but am not sure
- * Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

Estate Planning

- ☐ I would like a healthcare proxy & living will
- ☐ I would like to know if I need a Will

☐ Other: _____

Renters/Homeowners

- ☐ I am being evicted
- ☐ My rent is behind
- ☐ I rent and I think my apartment is unsafe and/or needs repairs
- ☐ My house is facing foreclosure
- ☐ My mortgage is behind
- ☐ I am homeless

Barriers to Employment

- ☐ I have criminal convictions that prevent me from being hired
- ☐ I would like to know if my records can be sealed
- ☐ I cannot find a job

School Aged Children

- ☐ My child's school needs are not being met
- ☐ Home schooling and remote learning rights
- ☐ My child needs an IEP

NAME: _____

TELEPHONE NO: _____

ADDRESS: _____

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): _____

Return this form to us and we will call you.

ATTORNEY/STAFF USE ONLY:

Applicant was called on: _____ Appointment scheduled for: _____