County: Select County
Date: _____

Alapaha Circuit Legal Aid Intake Form

1. Your Information

Gender: ☐ Male ☐ Female ☐ Other

Legal Name: _____ **Birth Date:** _____
First Middle Last Day Month Year

Street Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Are messages OK at this #: ☐Yes ☐No **Are messages OK at this #: ☐Yes ☐No** **Are messages OK at this #: ☐Yes ☐No**

Email address: _____ Occupation: _____

Do you have a lawyer? If so, who: _____

Do you make less than $26,500 per year? ☐ Yes ☐ No

Do you receive any form of Income Assistance? ☐ Yes ☐ No

Please provide a brief summary of the legal issue for which you are seeking advice:

_____

_____

_____

Are there any other legal issues pending in court related to those listed above? (criminal or civil)

If yes please provide a brief summary**:** _____

How did you learn about us?

☐ The court ☐ Other government service ☐ Parenting After Separation
☐ The other parent ☐ Other agency ☐ A friend/co-worker
☐ Legal services/lawyer ☐ The Internet ☐ Other _____

2. Opposing Party - (If Applicable)

Gender: ☐ Male ☐ Female ☐ Other

Legal Name: _____ **Birth Date:** ____ | ____ | ____
First Middle Last Day Month Year

Home Phone: _____ Work Phone: _____ Cell phone: _____

What is your relationship with this parent/person?

☐ Separating/divorcing, living apart ☐ Acquaintance
☐ Separating/divorcing, living together ☐ Business Associate
☐ Already divorced ☐ Family Relative
☐ Dating ☐ Other _____

If a former partner, how long have you lived together? _____ Separation Date: _____

Marriage Date: _____ Divorce Date _____

Have you tried mediation to work out your current differences?

☐ Yes ☐ No If so, when did you try mediation? _____

Do you have a court order or separation agreement?

☐ Yes ☐ No ☐ Don't know

In which county is it filed? _____

Do you feel there is an immediate risk of violence in your family? ☐ Yes ☐ No

Has the other person ever caused you to be concerned for your own safety or your children's safety?

☐ Yes ☐ No

Notes: _____

Are there any outstanding protection orders (restraining orders, peace bonds, probation or bail orders)?

☐ Yes ☐ No ☐ Don't know

3. Dependents / Children – (If Applicable)

List the number of all dependents in household: ____ Of that number, how many are under 18? ____

Have you talked with your children about the current situation? (If you have more than one child, please mark your answer for the oldest child)

☐ Yes, quite a lot
☐ Yes, to some extent
☐ Not at all
☐ Not yet

4. Notes from Aid

NOTE: Please do not fill this out. This is only for your legal aid advisor.

Please tick this box to show you have read the following paragraph:

☐ This form is PRIVATE AND CONFIDENTIAL. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to another person. Otherwise, we will not share any of this information without asking for your permission.

☐ **Waiver of Claims.** I fully acknowledge and agree that this is **NOT LEGAL REPRESENTATION** and I have no offsets, defenses, claims, or counterclaims against the Alapaha Circuit Legal Aid or its officers, directors, employees, attorneys, representatives, parents, affiliates, predecessors, successors, or assigns with respect to the advice given or otherwise, and that if I now have, or ever did have, any offsets, defenses, claims, or counterclaims against the Alapaha Circuit Legal Aid or its officers, directors, employees, attorneys, representatives, affiliates, predecessors, successors, or assigns, whether known or unknown, at law or in equity, from the beginning of the world through this date and through the time of execution of this Agreement, all of them are hereby expressly WAIVED, and I hereby RELEASE Alapaha Circuit Legal Aid and its officers, directors, employees, attorneys, representatives, affiliates, predecessors, successors, and assigns from any liability therefor.

_____ _____
Print Name Date

_____ _____
Sign Name Case Number – (If Applicable)

ALAPAHA JUDICIAL CIRCUIT LEGAL AID, STATE OF GEORGIA

DETERMINATION OF INDIGENCY AFFIDAVIT

Name: _____ Date of Application: _____

What is your marital status?	☐ Married ☐ Single	
Is your action, or do you reside, in the Circuit (Atkinson, Berrien, Clinch, Cook and Lanier Counties)?	☐ Yes ☐ No	*If not, you would not be qualified for the Alapaha Judicial Circuit Legal Aid.*
How many people live in your home?		
Do you have dependents that you support that do not live in your home?	☐ Yes: how many? _____ ☐ No	
What is your total household income per month?	$	
What is the value of the assets you have, if any? *This would include ALL real estate, automobiles, bank accounts and other property even if jointly held with someone else.*	$	
What is the total amount of financial liabilities that you have? *This would include any loans, liens and all other financial obligations you may have.*	$	
Do you believe yourself be indigent? *The term "indigent" means that you do not have an income greater than 100% of the federal poverty guideline — see the right side column.*	☐ Yes ☐ No	Federal Poverty Guideline 2026 100% Household size / $ per month 1 — $1,330.00 2 — $1,803.33 3 — $2,276.67 4 — $2,750.00 5 — $3,223.33 6 — $3,696.67 7 — $4,170.00 8 — $4,643.33 9 — $5,116.67 10 — $5,590.00

Affirmation

I make the above statements with information that is true and correct to the best of my knowledge. I understand that these statements are made under oath, and that if I provide information that I know to be false, I may be prosecuted or held in contempt of court; and that this affidavit will serve as evidence for the pauper status determination (OCGA, s 9-15-2).

Date: _____ Applicant Signature: _____