

GENERAL APPLICATION FOR SERVICES

UNIVERSITY OF HAWAII ELDER LAW PROGRAM (UHELP)

and THE ELDER LAW CLINIC

Please complete both pages of this questionnaire to assist in an analysis of your case. Please print clearly. If you have any questions, please contact the UHELP office at (808) 956-6544. Return Application to:

University of Hawaii Elder Law Program (UHELP)
William S. Richardson School of Law
2515 Dole Street
Honolulu, Hawaii 96822

A. GENERAL INFORMATION

Full name: _____
(Last) *(First)* *(Middle)*

Other names you have been known by: _____

(Address) *(Apt.)* *(City)* *(State)* *(Zip code)*

(Home phone) *(Cell phone)* *(E-mail)*

Birth date: _____ / _____ / _____ *(Month/Day/Year)*

Are you a veteran? Yes No _____
(Branch of service and dates of service)

Your present status: _____
(Single, married, civil union, reciprocal beneficiary, widowed, separated, divorced, marriage annulled, etc.)

As applicable, name of your partner, spouse, reciprocal beneficiary, etc:

As applicable, name of any former partners, spouses reciprocal beneficiaries, etc:

B. FINANCIAL INFORMATION/PROPERTY OWNERSHIP

(Voluntary—used to help assess the best approach to analyze potential services)

Total income from all sources (amount per year): \$ _____ *(Assets)*

Do you own a home/condominium or have any other interest in real property? Yes No

Value \$_____

Approximate total value of all monetary assets: \$_____
(Stocks, bonds, bank, savings/loan, credit union accounts, certificates of deposit, etc.)

C. ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY? Yes No
(Or have discussed this matter with an attorney)

If Yes, please explain to UHELP staff

D. DESCRIPTION OF YOUR REQUEST FOR SERVICES OR PROBLEM (add pages if needed):

Do not submit originals of documents at this time. You may submit copies for us to examine.

LIMITED RETAINER AGREEMENT

I hereby request and authorize the University of Hawaii Law School Elder Law Program (UHELP), including the Elder Law Clinic to evaluate my request for services or my problem as indicated above to determine whether it will be able to assist me. I understand that I must sign another agreement with UHELP before it assumes responsibility for representing me or assisting me. I understand that UHELP may not agree to represent or to assist me. I understand that UHELP program often uses volunteer lawyers and provides students with educational opportunities to learn about clients and legal issues. I understand that more than one attorney, or paralegal or student under the supervision of an attorney, may be involved and that UHELP can only agree to accept my case if authorized by a supervising attorney. I understand that it is my responsibility to maintain any documents that I may execute and that UHELP will not maintain any of my files and will not keep the original or copies of any such documents.

I give UHELP permission to communicate with the following individuals or organizations and to have access to records or correspondence concerning me that they may possess:

(Signature of Applicant)

(Date)

(Supervising Attorney Approval)

(Date)

Please note that, UHELP has limited resources. Accordingly, you may experience a delay in processing your application and we may not be able to assist you with a particular legal matter. Also note that UHELP does not assist with claims, appeals or litigation, criminal law (including traffic violations), personal injury, commercial or income producing matters.