

# UNIVERSITY LEGAL ASSISTANCE

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## APPLICATION FORM KALISPEL INDIAN TRIBE CITIZENS

LEGAL NAME: \_\_\_\_\_ INDIAN NAME: \_\_\_\_\_

First Middle Last

(AKA): \_\_\_\_\_

Any and all previous names used, include Maiden Name

ADDRESS: \_\_\_\_\_

Street City State Zip

MAILING ADDRESS: \_\_\_\_\_

P O Box City State Zip

SEX:  Male  Female HOME TELEPHONE NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

Email: \_\_\_\_\_ MESSAGE NUMBER: \_\_\_\_\_

VOTING RIGHTS (optional): Are you registered to Vote? ( ) Yes ( ) No  
Would you like more information? ( ) Yes ( ) No

ARE YOU ENROLLED IN THE KALISPEL INDIAN TRIBE?  YES  NO  
IF YES, PLEASE IDENTIFY ENROLLMENT NUMBER: \_\_\_\_\_

DO YOU RESIDE ON THE KALISPEL INDIAN RESERVATION?  YES  NO

DO YOU RESIDE ON ALLOTTED LAND?  YES  NO  
IF YES, IS IT A TRUST ALLOTMENT?  YES  NO

DO YOU HAVE TRANSPORTATION?  YES  NO

ARE YOU SEEKING LEGAL HELP FOR YOURSELF?  YES  NO

ARE YOU SEEKING LEGAL HELP FOR SOMEONE ELSE IN YOUR FAMILY?  YES  NO  
IF YES, NAME THAT PERSON: \_\_\_\_\_

HAVE YOU USED OUR SERVICES BEFORE?  YES  NO  
IF YES, WHEN: \_\_\_\_\_

HOW WERE YOU REFERRED TO US? \_\_\_\_\_

TELL US WHY YOU NEED LEGAL HELP ADVERSE PARTY: \_\_\_\_\_

DO YOU HAVE ANY DOCUMENTS RELATED TO THE DISPUTE?  YES  NO (ATTACH ANY DOCUMENTS)

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_