

# GTC LEGAL RESOURCE CENTER - INTAKE FORM

**Mailing Address:**

P.O. Box 365  
Oneida, WI 54155-0365

**920-496-5320****GTC\_LRC@oneidanation.org****Physical Address:**

Ridgeview Plaza, Suite 8  
3759 West Mason Street  
Oneida, WI 54155-0365

Today's Date:

**Date Received:****APPLICANT INFORMATION (You):**

Applicant's Last Name		First	Middle	Marital Status (Circle One)	
				Single / Married / Other	
Is this your legal name?	If not, what is your legal / maiden name?			Birth Date	Sex
<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /	<input type="checkbox"/> F <input type="checkbox"/> M
Mailing Address		City	State	Zip	
Home Phone No. ( )		Cell Phone No. ( )		Work Phone No. ( )	
Occupation	Employer			Employee #:	
Email Address:					<input type="checkbox"/> I authorize emails concerning my case

**OPPOSING PARTY INFORMATION (Person/Agency you have legal problem with):**

Opposing Party Last Name		First	Middle	Marital Status (Circle One)	
				Single / Married / Other	
Is this their legal name?	If not, what is their legal / maiden name?			Birth Date	Sex
<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /	<input type="checkbox"/> F <input type="checkbox"/> M
Mailing Address		City	State	Zip	Enrollment #:
Home Phone No. ( )		Cell Phone No. ( )		Work Phone No. ( )	
Occupation	Employer			Employee #:	
Email Address:					

**CASE INFORMATION**

**\*Court Orders/Case Filings/Official Correspondence is required BEFORE Intake will be reviewed\***

Do you have any cases currently filed at the Oneida Judiciary?  Yes (If yes, provide case # and brief explanation of the case)  No

Do you have Legal Representation/Attorney?  Yes (If yes, please provide name and contact information of counsel)  No

Do you have any cases past or present, in relation to this filing, in any other court/jurisdiction?  Yes  No

**OR** Do you have any court orders, case filings, official correspondence in relation to this filing?  Yes (If yes, provide & explain)  No

Check box of court proceedings:  Family Court  Trial Court  Appellate Court

Description of case:

**SUPPLEMENTAL INFORMATION**

**Applicant's Enrollment Information:**

\_\_\_\_\_ Oneida Nation Enrolled Tribal Member – Enrollment #: \_\_\_\_\_  
\_\_\_\_\_ Oneida Nation Descendant  
\_\_\_\_\_ Other Tribal Affiliation – (Please indicate Tribe) \_\_\_\_\_  
\_\_\_\_\_ Non-Indian

**Follow Up Questions:**

Are you requesting general information/Legal Advice (Not Representation)? Yes No  
Have you been to the GTC Legal Resource Center before? Yes (If yes, briefly explain) No  
If Yes, who was the Attorney or Advocate that assisted you? \_\_\_\_\_

**WHAT SERVICES ARE YOU REQUESTING/HOW CAN WE HELP YOU?**

Multiple horizontal lines for text entry.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**  
Accept: \_\_\_\_\_ Deny: \_\_\_\_\_ Date & Initials: \_\_\_\_\_