

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?

Applicant's
Signature:

Date:

OFFICE USE ONLY:

Accept: _____

Deny: _____

Date & Initials: _____