



### **VanSickle Family Law Clinic Application Procedures**

Thank you for inquiring about legal representation at SMU VanSickle Family Law Clinic (“VanSickle Clinic”). The VanSickle Clinic limits its practice to Dallas County Family District Courts on the following family law matters: divorce, child custody, visitation, paternity, modifications, enforcement actions, child support, and adoption. The VanSickle Clinic will consider the following factors in determining whether to accept a legal matter: (1) type of case; (2) jurisdiction; (3) income level and resources available to applicant; (4) the educational value of the dispute; and (5) caseload of the VanSickle Clinic.

To be considered for legal services through the VanSickle Clinic, please follow the steps below:

STEP 1: Complete the PDF application and submit by mail to PO Box 750116, Dallas, Texas 75275, fax (214) 768-1611 or email [VanSickleFamilyLaw@smu.edu](mailto:VanSickleFamilyLaw@smu.edu).

It is the goal of the VanSickle Clinic to process applications within 14 days of receipt. Please do not contact the VanSickle Clinic to inquire about your application status. We will contact you when we have processed your application. *Please do not send any documents with your application.*

STEP 2: After an initial review of your application, if it is determined that you meet our criteria, you will be contacted to schedule an intake interview. The purpose of the intake interview is to gather more information and to evaluate your case further. The decision on whether to take your case will be made after the intake interview. All potential clients are required to come to the VanSickle Clinic for an intake interview before a case is accepted by the VanSickle Clinic. You will only be allowed one (1) time to reschedule your intake interview. [NO CALLS, NO SHOWS will not be rescheduled] **Intake Interviews generally begin the second week of each semester (Fall & Spring only). We DO NOT accept cases during the summer.**

If your application for legal representation does not pass the initial review process after it is submitted or the VanSickle Clinic has reached its caseload capacity, you will be contacted in writing at the address or email you provide on your application to inform you that we are unable to accept your case. The VanSickle Clinic **does not** have a waiting list.



SMU<sup>SM</sup>

SOUTHERN METHODIST UNIVERSITY

*SMU Legal Clinics*

STEP 3: Please review Important Notice below

### **IMPORTANT NOTICE**

If the SMU VanSickle Family Law Clinic accepts you as a client, your case will be handled primarily by student attorneys under the supervision of a clinical faculty member or supervising attorney. If your case is accepted by the SMU VanSickle Family Law Clinic, you understand and agree that your case may be handled by several different student attorneys, especially if your case lasts for several months.

The SMU VanSickle Family Law Clinic is not obligated in any way to provide you with legal representation of any kind until and unless the SMU VanSickle Family Law Clinic accepts you as a client (and an employment contract is executed). Inquiring about legal representation at the SMU VanSickle Family Law Clinic does not preserve your legal rights. DO NOT wait to hear from the SMU VanSickle Family Law Clinic before you take further action necessary to preserve your legal rights. If you have been served court papers or have a court date set, you MUST respond to them and continue to seek legal representation from other sources.

**Disclaimer:** Thank you for visiting the VanSickle Clinic website. The site is provided for informational purposes only and should not be considered legal advice. The use of the internet or submission of an application to communicate with the VanSickle Clinic does not establish an attorney-client relationship.

**-FOR OFFICE USE ONLY-**

**Application #:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Action:** \_\_\_\_\_

\_\_\_\_\_  
**Conflicts Check:** \_\_\_\_\_

## APPLICATION FOR LEGAL REPRESENTATION

**Please type or print. Fill out the application as completely as possible and submit via mail, fax or e-mail.\* Please do not send any documents with your application.**

**SMU Dedman School of Law – VANSICKLE Family Law Clinic**

**New Applicant File**

**\*P. O. Box 750116**

**Dallas, TX 75275-0116**

**Telephone: 214-768-2562**

**\*Fax: 214-768-1611**

**\*Email: [VanSickleFamilyLaw@smu.edu](mailto:VanSickleFamilyLaw@smu.edu)**

## APPLICANT INFORMATION

**Name:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Address: [Street]**

\_\_\_\_\_

**[City]**

**[State]**

**[Zip]**

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Number of persons living with you:** \_\_\_\_\_

**Describe your relationship to each of the persons living with you (for example spouse, child, parent, etc.)**

\_\_\_\_\_

## EMPLOYMENT INFORMATION

CHECK ONE: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Unemployed \_\_\_\_\_

Name of Employer: \_\_\_\_\_

[Street]  
Address: \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Monthly Expenses (total amount): \$ \_\_\_\_\_

List of Expenses and Amounts:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other sources of income (social security, retirement, interest, dividends, etc.):

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

## SPOUSE INFORMATION (if applicable)

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Do you have access to your spouse's income: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**WHO IS THE OPPOSING PARTY?**

Name: \_\_\_\_\_

Address: [Street] \_\_\_\_\_

[City) \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Phone Number: \_\_\_\_\_

What county is your case in (or will be in if the case has not been filed)?  
\_\_\_\_\_

Do you have a court hearing or trial set? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you been served with any documents? \_\_\_\_\_ If so, when? \_\_\_\_\_

Please tell us about your legal matter in the space provided below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relief Seeking:** What would you like to see happen?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the VanSickle Family Law Clinic? \_\_\_\_\_

**Privacy Policy Notice:** Attorneys, like other professionals who advise on personal financial matters, are required by a federal law (the Gramm-Leach-Bliley Act) to inform their clients of their policies regarding privacy of client information. Attorneys have been, and continue to be, bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected our clients' right to privacy. In the course of representing our clients, we receive all manner of significant personal financial information from them. If you become a client of the firm, you are advised that all information we receive from you will be held in confidence and not released to outside persons, except as agreed to by you or as required under applicable law. We retain records relating to professional services that we provide so as to assist our clients with their professional needs and, in some cases, to comply with professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

**I hereby state that the above information is true and correct to the best of my knowledge, and give permission to the SMU Dedman School of Law VanSickle Family Law Clinic to check for potential conflicts of interest (including those arising as a result of current and former clients of the Clinic and clients of firms at which student attorneys or Clinic personnel may be working). I understand that if it is determined that a conflict of interest exist, the VanSickle Clinic may not be able to provide me with legal representation in this matter.**

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