

VanSickle Family Law Clinic Application Procedures

Thank you for your interest in legal representation through the SMU VanSickle Family Law Clinic ("Clinic"). The Clinic provides pro bono legal services in family law matters within the Dallas County Family District Courts, including divorce, child custody, visitation, paternity, modifications, enforcement actions, child support, and adoption.

Case Selection Considerations

The Clinic considers the type and complexity of the matter; jurisdiction and venue; the applicant's income and financial resources; educational value for law students; and Clinic caseload and available resources. Submitting an application does not guarantee representation.

STEP 1: Complete and Submit Your Application

Choose one application method:

- **Online Application:** Complete and submit the [online application through our website](#).
- **PDF Application:** [Download and complete the PDF application](#), then submit it by:
 - **Mail:** PO Box 750116, Dallas, Texas 75275
 - **Fax:** (214) 768-1611
 - **Email:** VanSickleFamilyLaw@smu.edu

Submit only one application. Do not include additional documents unless requested by the Clinic. The Clinic aims to review applications within 14 days of receipt. We will contact you once your application has been reviewed. **Please do not contact the Clinic to inquire about your application status.**

STEP 2: Application Review and Intake Interview

If your application meets the Clinic's initial criteria, we will contact you to schedule an intake interview to gather more information and evaluate your matter. All applicants considered for representation must participate in an interview, conducted in person, by videoconference, or by telephone.

Applicants may reschedule an interview only once. Applicants who fail to attend without notice will not be rescheduled. Intake interviews generally begin in the fifth week of the fall and spring semesters. The Clinic does not accept cases during the summer. An interview does not guarantee acceptance.

IMPORTANT INFORMATION ABOUT LEGAL REPRESENTATION

If accepted, your case will be handled primarily by law students supervised by clinical faculty or a supervising attorney. More than one student may work on your case during representation.

The Clinic does not represent you unless and until your case is accepted and a written agreement for legal representation is signed.

Applying or participating in an interview does not establish an attorney-client relationship or preserve your legal rights. Do not wait for the Clinic's decision before taking action to protect your rights. If you have been served with court papers, have a court date, or face a deadline, you remain responsible for timely action and should continue seeking legal assistance elsewhere.

Disclaimer: *Website information is for informational purposes only and is not legal advice. Visiting the website, communicating with the Clinic, or submitting an application 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.**

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](tel:214.768.2562)

Fax: 214-768-1611

Email: 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: _____

Address: _____
(Street)

(City) (State) (Zip)

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

Name: _____

Employer: _____

Address: _____
(Street)

(City) (State) (Zip)

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)

Phone Number: _____

What county is your case in (or will be filed 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: _____