

# Application for Indiana Appellate Pro Bono Project

The Indiana Appellate Pro Bono Project is a project of Indiana Legal Services. The Project coordinates free legal representation for low-income people in appeals of their civil cases. The Project does not handle criminal cases. If you have a criminal case, you may contact the public defender's office. There is no right to counsel in civil cases. The Project cannot guarantee that it can find a pro bono attorney to take your case, so you should not stop looking for other counsel to represent you in this proceeding.

If you want to apply for assistance, please fill out this form and submit it by mail, fax, or email to:

Indiana Appellate Pro Bono Project  
151 N Delaware Street, Suite 1850  
Indianapolis, IN 46204  
FAX: (317) 631 9775 Attn: Jeff Heck  
AppellateProBono@ilsi.net

If you were represented by a lawyer at your trial or were referred by another organization, please ask your trial lawyer or referring organization to help you in filling out this form and please list that lawyer or organization's name and contact information here:

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Any information you put on this form is not confidential or privileged. You do not create an attorney-client relationship with Indiana Legal Services, Inc. or any attorney by submitting this form. By submitting this form, you are authorizing the Project to contact you and/or your lawyer for more information.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Office Use Only:
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1. Were your filing fees waived in the trial court because of your poverty?  
\_\_\_\_\_Yes \_\_\_\_\_No
2. Annual gross income of all members of your household from all sources:  
\_\_\_\_\_
3. Number of people in your household (including spouse): \_\_\_\_\_
4. What court are you appealing from? \_\_\_\_\_
5. What is the title of the case you are appealing? \_\_\_\_\_  
\_\_\_\_\_
6. What is the docket number of the case you are appealing? \_\_\_\_\_
7. Date of final order or judgment: \_\_\_\_\_
8. Has any party filed a Motion to Correct Errors with the trial court? If so, please list the date filed \_\_\_\_\_ and date decided, if any \_\_\_\_\_.
9. Due date of notice of appeal, if known: \_\_\_\_\_  
Please attach a copy of the order or judgment being appealed and a copy of the notice of appeal, if available.
10. What kind of case is this?  
\_\_\_\_\_Family Law (Divorce, Custody, Visitation, etc.)  
\_\_\_\_\_Landlord / Tenant  
\_\_\_\_\_Government Benefits  
\_\_\_\_\_Consumer Protection  
\_\_\_\_\_Other, please describe: \_\_\_\_\_
11. If you lost your case and are seeking reversal or modification, why do you think the outcome of the trial was wrong? If you won your case at trial, why is it important that the court of appeals affirm the trial court's decision? If you are filling this form out with your lawyer, please describe what you think are the appealable legal issues. You can attach additional pages if necessary.
12. Please provide contact information for the other parties in the case and their lawyers, if known:
13. Any other information you want to provide: