

# Wake Forest University School of Law Veterans Legal Clinic

## Application for Legal Services

The Veterans Legal Clinic offers legal services to veterans in North Carolina. The clinic provides professional assistance through our law and graduate students and faculty. Assistance is provided free of charge to veterans who are accepted as clients. **Veterans must include proof of service (DD214) before being accepted as clients by the clinic.**

The Veterans Legal Clinic is staffed with students of the Wake Forest University Law School. Work is performed during the academic year (August through May) and submitted applications are reviewed on a rolling basis. Completing this application does not make you a client of the clinic. Applicants will receive follow-up contact if they have been accepted as clients.

Please provide the following information about yourself and your legal issue.

**Return completed application to:** Mail: Veterans Legal Clinic, P.O. Box 7206, Winston-Salem, NC 27109. Fax to: (336) 758-4964. Or e-mail to [vetclinic.wfu@gmail.com](mailto:vetclinic.wfu@gmail.com).

### 1. INDIVIDUAL INFORMATION

<i>NAME</i>		<i>DATE</i>	
<i>ADDRESS</i>			
<i>CITY</i>		<i>STATE</i>	<i>ZIP</i>
<i>HOME PHONE</i>	<i>MOBILE PHONE</i>	<i>WORK PHONE</i>	
<b>May we leave a voicemail at these numbers?      [ ] YES      [ ] NO</b>			
<i>GENDER</i> [ ] MALE      [ ] FEMALE		<i>DATE OF BIRTH</i>	
<i>EMAIL ADDRESS</i>			
<i>MILITARY BRANCH</i>		<i>DATES OF SERVICE</i>	

*CHARACTERIZATION OF DISCHARGE*

Were you medically separated/retired?  YES, I was medically \_\_\_\_\_  NO

**2. FAMILY INFORMATION**

*(Your answers will NOT impact your eligibility to receive services from the Veterans Clinic)*

Are you and/or your family homeless?  YES  NO

What is your employment status?  EMPLOYED (full-time)  
 EMPLOYED (part-time)  
 UNEMPLOYED  
 RETIRED

What is your annual household income? \_\_\_\_\_

Do you have any dependents?  YES, I have \_\_\_\_\_ dependent(s)  NO

**If YES, please list dependent's relationship to veteran and dependent's age:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**3. Who will be responsible for communicating with the clinic?**

*(please include contact information—name, address, email, and phone numbers)*



**4. DESCRIPTION OF THE LEGAL ISSUE:**

<b>I have an issue in the following legal area(s):</b> <input type="checkbox"/> Discharge Upgrade <input type="checkbox"/> Other
<b>Any other information you think is helpful for us to know about your legal issue:</b>                      

**5. SUPPORTING DOCUMENTS**

Attach copies of all relevant documents for the proposed work, these may include medical diagnoses, court documents, military service records, etc. **Please include your DD 214.**

**6. OTHER INFORMATION**

Please provide us with any other information you feel would be helpful for us to know about your or your legal issue.

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I understand that signing and submitting this application does not in itself make me a client of the Wake Forest Veterans Legal Clinic (the "Clinic"). I understand that I will under no circumstances be considered a client of the Clinic until I have received a formal engagement letter signed by a licensed attorney working with the Clinic, and have signed and returned that engagement letter back to the Clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_