

KALISPEL TRIBAL LEGAL ADVICE CLINIC INTAKE FORM

The Kalispel Tribe has a contract with Gonzaga University School of Law to provide civil legal services for enrolled Kalispel Tribal Members, first-line descendants of the Kalispel Tribe, and individuals who reside on the Kalispel Indian Reservation and are enrolled in a federally recognized Tribe. You may apply for legal assistance by completing this Intake Form or you may go directly to <https://www.gonzaga.edu/school-of-law/clinic-centers/lawclinic/indian-law>.

If you have questions about the Kalispel Tribal Legal Advice Clinic or if you need assistance completing this form, you may contact Gonzaga Law School's Clinical Legal Programs at (509) 313-5791 or the Kalispel Tribal Court Community Services Program – Allyson Bluff at (509) 447-7126 or anbluff@kalispeltribe.com or the Kalispel Tribal Legal Department at (509) 789-7600.

Participant Information:

Participant's Full Legal Name: _____
(to include maiden name, aliases, nicknames or other names used by Participant)

Date of Birth: _____ Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please identify your relationship to the Kalispel Tribe by selecting one of the following options:

- Enrolled Kalispel Tribal Member Kalispel Tribal First-Line Descendant
 Spouse of Kalispel Tribal Member

Name of Enrolled Tribe (if applicable): _____

- Resident of Kalispel Reservation Enrolled in a Federally Recognized Tribe other than Kalispel

Name of Enrolled Tribe: _____

Please Note: To confirm eligibility for services, please select from the options below:

- I consent to having my name and birth date shared with the Tribal Enrollment Office
 I consent to having my name and birth date shared with the Kalispel Tribal Court Community Services Program (Allyson Bluff)
 I will provide a Tribal ID Card
 I will provide proof of residence

Legal Issue:

- Family Law (Parenting Plan, Divorce, Child Support, etc.) Wills/Estate Planning
 Protection Order Probate Other: _____
 Prefer Not to State: Will discuss directly with legal advice clinic representative

Briefly describe the issue for which you are seeking assistance: _____

Name(s) of other person(s) involved: _____

Tribal Affiliation of the other person(s) involved: Kalispel Other: _____ None

Have you previously consulted with an attorney about this matter? Yes No

Name of Court and Case Number (if available): _____

Information Disclosure Statement:

If you indicated consent for your name and birth date to be shared with the Kalispel Tribal Enrollment Office for eligibility verification purposes, please note that no other information, such as details about your legal issue, will be shared.

Non-identifying data collected on the intake form may be shared with external agencies for grant reporting and application purposes, but such data will **not** include any identifying information including names, birth dates, contact information, or details about your legal issue.

Participant Acknowledgement:

I understand and agree to the following: Submitting an intake form does not guarantee that a prospective participant will receive an appointment. All intake forms will be provided to Gonzaga Law School's Clinical Legal Programs for review and conflict screening. Conflicts of interest may prevent attorneys from meeting with a prospective participant. If a participant is scheduled for an appointment at the Kalispel Legal Advice Clinic, further legal services beyond the initial appointment are not guaranteed. The attorney(s) and legal interns may provide brief legal advice, referrals, and/or other limited legal services. Any information provided by the participants during these appointments is confidential.

Signature

Date

To Be Completed by Legal Clinic Staff:

- Legal Services Provided: Legal Advice Drafted Pleadings/Documents
 Referred Participant to External Organization for Further Assistance
 Provided the Participant with Representation Agreement
 Did Not Provide Services to the Participant

Attorney's Name: _____ WA Bar #: _____

Law Student Volunteer's Name: _____