

**Supervising Attorney**  
Gail Hammer  
Licensed in Washington  
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## Lincoln LGBTQ+ Rights Clinic Center for Civil and Human Rights

Gonzaga Law School – Clinical Legal Programs  
721 North Cincinnati Street  
P.O. Box 3528  
Spokane, Washington 99220-3528  
Phone (509) 313-5791  
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**Law Students**  
Jonathan Bisceglia  
Megan Cain  
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Trevor Greentree  
Delaney Jacobson  
Carly Johnson  
Chris Ryder  
Sarah Vatne

### APPLICATION

#### CONTACT INFORMATION

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

LEGAL NAME: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) FIRST MIDDLE LAST

(A/K/A): \_\_\_\_\_  
ALL PREVIOUS NAMES USED

PRONOUNS:  HE / HIM / HIS  SHE / HER / HERS  THEY / THEM / THEIRS  
 ZIE / ZIR / ZIRS  \_\_\_\_\_

HONORIFIC:  MR.  MS.  MX.  DR.  \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
P.O. BOX CITY STATE ZIP

HOME TELEPHONE \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  HOME PHONE  CELL PHONE  EMAIL  MAIL

ALTERNATIVE CONTACT PERSON: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(EMAIL)

*“Gonzaga Law students pursuing justice. Finding solutions.”*

**LIMITED ENGLISH SPEAKING:**  YES **PRIMARY LANGUAGE:** \_\_\_\_\_  
 NO

ARE YOU SEEKING LEGAL HELP FOR YOURSELF?  YES  NO

ARE YOU SEEKING LEGAL HELP FOR SOMEONE ELSE?  YES  NO

IF YES, NAME THAT PERSON: \_\_\_\_\_

### IDENTITY INFORMATION (OPTIONAL)

*The nature of our work is inherently tied to identities. Our clinic expressly promotes LGBTQ+ rights and is anti-racist. We seek to represent those experiencing oppression within our society. Knowing how you identify will also help us determine the best way to assist you.*

**GENDER IDENTITY:** \_\_\_\_\_  
(FOR EXAMPLE: CIS MAN/WOMAN, TRANS MAN/WOMAN, GENDERQUEER, NON-BINARY, ETC.)

**SEXUAL ORIENTATION:** \_\_\_\_\_  
(FOR EXAMPLE: GAY, LESBIAN, BISEXUAL, STRAIGHT, QUESTIONING, ETC.)

**RACE / ETHNICITY:** \_\_\_\_\_

### CASE INFORMATION

*Write N/A in any sections that do not apply.*

**OTHER INVOLVED PARTIES** (IF APPLICABLE):

**PARTY NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST

**(A/K/A):** \_\_\_\_\_  
ALL PREVIOUS NAMES USED

**HOW IS THIS PERSON INVOLVED?** \_\_\_\_\_  
(FOR EXAMPLE: OPPOSING PARTY, ATTORNEY, WITNESS, ETC.)

**PARTY CONTACT:** \_\_\_\_\_  
(PHONE NUMBER) (EMAIL)

**PARTY NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST

**(A/K/A):** \_\_\_\_\_  
ALL PREVIOUS NAMES USED

**HOW IS THIS PERSON INVOLVED?** \_\_\_\_\_  
(FOR EXAMPLE: OPPOSING PARTY, ATTORNEY, WITNESS, ETC.)

**PARTY CONTACT:** \_\_\_\_\_  
(PHONE NUMBER) (EMAIL)

(USE REVERSE TO LIST ANY ADDITIONAL PARTIES)

**COURT INFORMATION**

ANY PAST OR PRESENT RELATED COURT CASE?  YES  NO (IF NO, CONTINUE TO NEXT PAGE)

SPOKANE SUPERIOR COURT – CASE NUMBER – TYPE OF CASE

SPOKANE DISTRICT COURT – CASE NUMBER – TYPE OF CASE

SPOKANE MUNICIPAL COURT – CASE NUMBER – TYPE OF CASE

OTHER COURT: \_\_\_\_\_

DEADLINE(S) / COURT DATE(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELL US WHY YOU NEED LEGAL HELP:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(USE REVERSE IF NECESSARY)

DO YOU HAVE ANY RELATED DOCUMENTS?  YES (ATTACH ANY DOCUMENTS)  NO

**REFERRAL (OPTIONAL)**

*Because we are a new clinic, we want to know what outreach efforts are most successful. Please share with us how you heard about our services.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When complete, return by:**  
Mail to P.O. Box 3528, Spokane, WA 99220 or  
Email to [lgbtqrightsclinic@gonzaga.edu](mailto:lgbtqrightsclinic@gonzaga.edu)

**Please note this is an application for representation and no agreement has been made between you and University Legal Assistance. What you can expect now is that the Lincoln LGBTQ+ Rights Clinic team will review your application. Availability of legal resources in the clinic, potential conflicts of interests, and your needs will be evaluated to determine if we are the best option for you at this time. Usually, you will receive a response by telephone or letter within two to three weeks. If you do not hear from our office by then, please contact us at (509) 313-5791 and let us know that it is regarding an application previously submitted. Thank you for your inquiry.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_