GONZAGA UNIVERSITY | School of Law

Gonzaga Law School - Clinical Legal Programs
Center for Civil & Human Rights
Lincoln LGBTQ+ Rights Clinic
Supervising Attorney: Sarah N. Harmon, J.D.

APPLICATION

CONTACT INFORMATION

NAME:_____
FIRST **MIDDLE** **LAST**

LEGAL NAME:_____
(IF DIFFERENT FROM ABOVE) **FIRST** **MIDDLE** **LAST**

(A/K/A): _____ **Date of Birth:** _____

_____
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:_____

_____ _____
(PHONE NUMBER) (EMAIL)

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) _____

_____

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TELL US WHY YOU NEED LEGAL HELP: _____

_____

_____

_____

_____

_____

_____

(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 lawclinic@gonzaga.edu

Please note this is an application for representation and no agreement has been made between you and Gonzaga Law School-Clinical Legal Programs. 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:**_____