UNIVERSITY OF WASHINGTON SCHOOL OF LAW
NATIVE AMERICAN LAW CENTER ▪ TRIBAL PARENT ADVOCACY PROJECT
3107 REUBEN SHELTON DR.
TULALIP, WA 98271
PHONE 360.651.3623
FAX 360.651.3630
annie.harlan@gmail.com

TRIBAL PARENT ADVOCACY PROJECT ELIGIBILTY INFORMATION

The Tribal Parent Advocacy Project provides **free** legal help to parents whose children are involved in open Youth-In-Need-of-Care (beda?chelh) cases.

To be eligible, you must show **financial need**. This means that you do not make enough money to pay for a lawyer on your own.

Whenever possible, the Parent Advocate will represent both parents. If this is not possible, and both parents have applied for representation, then the Parent Advocate will represent the person who was the child's primary caretaker.

Please fill out the attached Eligibility Form and return it to the court clerk. If you would like help filling out the form, or if you have any questions, please call 360 651-3623.

The Tribal Parent Advocacy Project only represents parents whose children are in open beda?chelh cases. The Parent Advocate does not represent other parties, such as foster parents, grandparents, or other relatives of the child. We do not provide representation to parents in divorce or custody cases.

The Court has a list of attorneys who are admitted to the Tulalip Tribal Bar who may be available to take your case if you do not meet the eligibility requirements of the Tribal Parent Advocacy Project.

UNIVERSITY OF WASHINGTON SCHOOL OF LAW
NATIVE AMERICAN LAW CENTER ▪ TRIBAL PARENT ADVOCACY PROJECT
3107 REUBEN SHELTON DR.
TULALIP, WA 98271
PHONE 360.651.3623
FAX 360.651.3623
annie.harlan@gmail.com

ELIGIBILITY FORM

***Please give as much information as possible. If you do not know the answer to a question, leave the space blank. ***

1. Name: _____ **2. Nickname:** _____

3. Address: _____
Street & House Number *City* *State* *ZIP Code*

4. Is this your mailing address? YES NO *If no, what is your mailing address?*

5. Address: _____
Street & House Number *City* *State* *ZIP Code*

6. Phone: _____ **7. May messages be left for you at this number? YES NO**

8. Date of Birth: _____/_____/_____ **9. Gender: M F** **10. Native American? YES NO** *If yes, what tribe?*

_____ **If Tulalip, Tribal #:** _____

11. Are you (circle one): SINGLE MARRIED DIVORCED SEPARATED WIDOW/WIDOWER

12. Please list all adults & children living in your household:

Name	Age	Native American (YES OR NO)	Tribe

13. Do you receive monthly support for any of your children? YES NO *If yes, how much?* _____

14. Do you pay monthly support for any of your children? YES NO *If yes, how much?* _____

15. What is the highest level of education you have completed? _____

16. Are going to school now? (*examples include GED classes, college, and vocational school*) YES NO

If yes, list name of school & type of program: _____

17. Are you currently employed? YES NO *If yes, list employer's name:* _____

18. Employers Phone #: _____ **19. What is your monthly income?** _____

20. How long have you worked there? _____ **21. Number of hours worked per week?** _____

22. What is your job? _____

23. If you are not employed, when did you last work? _____

24. Do you receive per capita payments through the Tulalip Tribes? _____

25. Please provide the following information for each of your children, even if that child is not the subject of a dependency proceeding:

Name	Birthdate	Who cares for the child?	Has he/she ever been the subject of a dependency case?

26. How are you related to the child who is the subject of the beda?chelh case? ☐ Mother ☐ Father

27. Information about the child's (children's) other parent (if you are seeking help for more than one child's case, and they have different parents, please provide information for each parent on another sheet of paper).

Name: _____ Address: _____

Phone Number: _____ Attorney: _____

28. Are you still in a relationship with your child's other parent? ☐ Yes ☐ No

29. Where is the child living right now? ☐ With you ☐ With the other parent ☐ With a relative or family member ☐ In a foster home

30. Please check the hearings that have occurred in the case so far: ☐ Preliminary Inquiry (First) Hearing ☐ Adjudicatory (Fact Finding) Hearing ☐ Review Hearing ☐ Permanent Plan Hearing

31. Have you ever been treated for alcohol or substance abuse? YES NO *If yes, where and when?*

_____

32. Do you have any criminal or probation cases open? ☐ Yes ☐ No. If yes, what were the charges?

_____

33. Have you ever had a criminal domestic violence charge? ☐ Yes ☐ No

34. Has anyone ever gotten a restraining order against you? ☐ Yes ☐ No

I, _____, do hereby certify under penalty of perjury under the Tulalip Tribal Ordinances, that the foregoing is true and correct.

_____ _____

Signature Date