

BJF Application for Assistance

Legal Name:

Last _____ First _____

Middle _____

Mailing Address:

City _____ State _____

Zip Code _____

Birthdate: _____

Email: _____

Gender: _____ Marital Status: _____

Citizenship: _____

Medical Information:

Condition/Terminal Prognosis:

Doctor's Name & Institution Information:

Current Health Insurance:

Company Name: _____

Health Plan Type: _____

Individual or Family: _____

Monthly Cost: _____

Employment Status:

Company: _____

Address: _____

Phone Number: _____

Job Title: _____

Manager: _____

Approximate hours worked per week: _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Family Member(s), Continued:

Name(s): _____

Relationship: _____

Address: _____

Phone Number: _____

We will need to gather further information, including but not limited to, the items listed below;

Financials:

- Monthly/Current Bills
- Income prior to prognosis, must submit W2 or tax returns from prior year
- Current income/disability
- Spouse/Family income
- Most recent bank statements
- Bills/Invoices for (large) purchases in the last year
- Any files from previous litigations or previous attorneys
- All insurance policies, including life insurance
- IRAs, 401Ks, Stocks, other investments
- Life Insurance

Debt:

- Credit Cards
- Student Loans
- Car Payment
- Vehicle or Boat Title(s)
- Recent bills from every creditor

Include Bankruptcy Kit