



United States Department of State

Washington, D.C. 20520

## Legal Assistance Questionnaire

Dear Parent:

Thank you for contacting The Department of State's Office of Children's Issues (CI) for assistance with your international child abduction case. As the U.S. Central Authority for the United States under the Hague Convention on the Civil Aspects of International Child Abduction, we are committed to helping you pursue the remedies available under the Convention through the U.S. civil justice system. In order for our office to take the next step and attempt to identify attorney resources for you, we require that you read this letter carefully, complete the Privacy Act Waiver Form, and thoroughly complete the attached Legal Assistance Questionnaire (LAQ). If you have any questions regarding your eligibility or require assistance, please contact the appropriate case manager within our office.

CI uses the LAQ to calculate the level of your need for financial assistance and applies the same guidelines that apply to U.S. residents seeking legal aid. Under these guidelines, a parent's income must fall below 125% of U.S. Federal Poverty Guidelines in order for the parent to be eligible for pro bono (free) legal assistance. Some attorneys may be willing to provide reduced fee assistance for parents whose income is above that amount.

Please note that a pro bono attorney means that an attorney is representing you without charge. However, if your case is heard in a court in the United States, the court's fees are not necessarily waived. Your attorney is not responsible for the other costs associated with presenting your case. Parents should expect to incur approximately \$1,000 in fees and costs (i.e. serving the other party, phone calls, faxes, travel expenses, transcriptions, and filing fees, etc.), although fee amounts can vary depending on the case. Your attorney may be able to petition the court for a waiver of court fees and costs. You should explore this option with your attorney during the initial consultation.

Although we will do our best to help you, please be advised that CI does not participate in negotiating attorney fees or retainers and therefore, cannot dictate what fee an attorney will charge in a reduced fee case. Full payment cases in the United States can run upwards of \$35,000, and exceptionally complicated cases or appeals may cost clients more.

The attorney handling your case in the court of first instance may not be able to continue handling the case should you elect to appeal the first decision. In that event, you may be required to provide updated financial information to establish continuing eligibility. A copy of the order issued by the court of first instance should accompany your request for legal assistance to file an appeal.

CI does not file petitions in any court in the United States and is prohibited from giving legal advice, or providing copies, or interpretations of U.S. or foreign laws.

**Please be aware that the Office of Children's Issues does not assume responsibility or liability for the professional ability, reputation, disciplinary history, or quality of services provided by any attorney who offers pro bono or reduced fee services for your case. Any list of attorneys that we provide to you is ordered alphabetically, and the order in which they appear has no other significance. Professional credentials and areas of expertise are provided directly by the attorneys and it is the exclusive responsibility of the parent to investigate or verify the attorney's qualifications.**

Sincerely,

Julie Furuta-Toy  
Director, Office of Children's Issues  
U.S. Department of State

## Legal Assistance Questionnaire

The following information is required to enable the Office of Children's Issues (CI) to determine the parent's eligibility for legal assistance. CI will notify the requesting Central Authority and/or the parent when an eligibility determination has been made. To avoid delays, we strongly recommend that you submit an accurate and complete questionnaire to us as soon as possible, as we cannot initiate the search for an attorney until all documentation has been received. Because we rely on volunteer attorneys, a positive determination does not guarantee that a pro bono or reduced fee attorney can be found. Incomplete or incorrect information may lead to revocation of legal assistance. **This Legal Assistance Questionnaire (LAQ) is valid for the period of one calendar year unless the applicant's financial situation changes prior.** We reserve the right to require an updated questionnaire and substantiating documentation at any time.

**IMPORTANT:** The information in this application must be accompanied by copies of substantiating documentation itemizing income from all sources. If you cannot provide supporting documentation, this form must be accompanied by a letter written by you stating the reasons for lack of documentation, your financial circumstances, and any other details that would clarify your eligibility for pro bono assistance. This letter must be signed and dated by you and requires notarization. If you want your debt to be a consideration, you must provide proof that the debt exists. You must check the appropriate box(es) below to indicate the form of supporting documentation attached.

- Most recent tax return
- Forms/letters documenting social benefit or government aid received
- Paycheck stub or recent letter from employer confirming salary
- Notarized letter written by applicant
- Other \_\_\_\_\_

### **Basic Information**

Name of Applicant: \_\_\_\_\_  
(Surname/Family Name) (First) (Middle)

Address of Applicant:  
Street Address: \_\_\_\_\_  
Postal Zip Code: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_

### **Telephone Numbers (please provide country and city dialing codes)**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Number of persons residing in applicant's household:** \_\_\_\_\_  
(i.e. yourself, your spouse, child/ren that are currently legally dependant upon you)

**Name and relationship of all persons dependent upon applicant:**

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 5. \_\_\_\_\_ Relationship: \_\_\_\_\_

**Income Sources**

**Please provide household Gross (before tax) income from all sources. Provide all values in estimated United States Dollars (U.S.D.).**

Yearly Gross Income from salary of **applicant**: \_\_\_\_\_ (U.S.D.)  
Name of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Yearly Gross Income from salary of applicant's **spouse**: \_\_\_\_\_ (U.S.D.)  
Name of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Income from:

- Unemployment benefits: \_\_\_\_\_ (U.S.D.)
- Retirement benefits: \_\_\_\_\_ (U.S.D.)
- Pension benefits: \_\_\_\_\_ (U.S.D.)
- Social security benefits: \_\_\_\_\_ (U.S.D.)
- Family support: \_\_\_\_\_ (U.S.D.)
- Rents received: \_\_\_\_\_ (U.S.D.)
- Alimony: \_\_\_\_\_ (U.S.D.)
- Child support payments: \_\_\_\_\_ (U.S.D.)
- Other: \_\_\_\_\_ (U.S.D.)

**Total Household Yearly Gross Income:** \_\_\_\_\_ (U.S.D.)

**Household Information and Assets**

**Please provide all values in estimated United States Dollars (U.S.D.)**

Do you rent or own your residence? \_\_\_\_\_  
If renting, what is the monthly rent? \_\_\_\_\_ (U.S.D.)

If you own your residence, what is the current market value? \_\_\_\_\_(U.S.D.)  
Do you currently live in this property? \_\_\_\_\_  
Is there a mortgage or other loan on the residence? \_\_\_\_\_  
If so what is the total amount of the loan? \_\_\_\_\_(U.S.D.)

Do you own any real property that you do not live in? \_\_\_\_\_  
If yes, please list the equity. \_\_\_\_\_ (U.S.D.)  
If you are not the sole owner, please declare % of share owned. \_\_\_\_\_ (U.S.D.)  
Other land or property value: \_\_\_\_\_(U.S.D.)  
Loan or lien on these assets: \_\_\_\_\_ (U.S.D.)

Do you have a bank account:         Yes         No  
If yes, how much money is in your checking account? \_\_\_\_\_(U.S.D.)  
If yes, how much money is in your savings account? \_\_\_\_\_ (U.S.D.)  
If no, do you have cash savings? \_\_\_\_\_(U.S.D.)

Other Assets:  
 CD's: \_\_\_\_\_(U.S.D.)  
 Stocks: \_\_\_\_\_(U.S.D.)  
 Bonds: \_\_\_\_\_(U.S.D.)  
 Off-shore bank accounts: \_\_\_\_\_(U.S.D.)  
 Other Investments: \_\_\_\_\_(U.S.D.)  
 Other personal property: (recreational vehicles, livestock, heirlooms, etc.)  
If yes, please list the type of asset and the value.  
1. \_\_\_\_\_(U.S.D.)  
2. \_\_\_\_\_(U.S.D.)  
3. \_\_\_\_\_(U.S.D.)

Please list the make, model, year and value of each motor vehicle that you own:  
1. \_\_\_\_\_(U.S.D.)  
2. \_\_\_\_\_(U.S.D.)  
3. \_\_\_\_\_(U.S.D.)  
4. \_\_\_\_\_(U.S.D.)

Number of licensed drivers in your household? \_\_\_\_\_

**Debt Information**

**Please provide all values in estimated United States Dollars (U.S.D.)**

Do you currently have debts that you are in the process of paying off? \_\_\_\_\_  
What is the total of these outstanding debts? \_\_\_\_\_(U.S.D.)

Monthly Debt Payment: \_\_\_\_\_(U.S.D.)

**Extraordinary Monthly Expenses**

Child Care Expenses: \_\_\_\_\_(U.S.D.)

Court Ordered Support Payments: \_\_\_\_\_(U.S.D.)

Medical Expenses: \_\_\_\_\_(U.S.D.)

Educational Expenses: \_\_\_\_\_(U.S.D.)

Other Expenses: \_\_\_\_\_(U.S.D.)

**Total Extraordinary Monthly Expenses: \$ \_\_\_\_\_(U.S.D.)**

**I swear/affirm that the above information is true and complete.**

Notarization required:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Authorization Statement:**

Signature must be notarized.

I hereby authorize The Office of Children’s Issues to disclose my Legal Assistance Questionnaire to potential attorney volunteers in the United States and abroad for the sole purpose of providing proof that I do qualify for pro bono or reduced fee legal services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)



Privacy Act Waiver Form
For Use by the U.S. Department of State, Office of Children's Issues

A. I, \_\_\_\_\_(name), the \_\_\_\_\_(relationship to child/ren) of the child/ren listed below, authorize the Office of Children's Issues to discuss my case with prospective attorneys in the United States.

Name of Child: \_\_\_\_\_, DOB: \_\_\_\_\_

Are you a citizen of the United States? [ ] Yes [ ] No
Are you a permanent legal resident of the United States? [ ] Yes [ ] No

B. In the event that persons or organizations other than prospective attorneys request information regarding your case, CI may release information to: (Please check Yes or No as appropriate)

Family Members and/or Friends: [ ] Yes [ ] No

If yes, then please list full names and relationship to child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Non Governmental Organizations: [ ] Yes [ ] No
Members of the Press: [ ] Yes [ ] No
Individual Members of Congress: [ ] Yes [ ] No
The General Public: [ ] Yes [ ] No

Authorization Statement: Signature must be notarized.

I hereby authorize the Office of Children's Issues to provide information regarding my case to prospective attorneys and any entity authorized in Section B of this form.

Signature of Applicant

Date (MM/DD/YYYY)

Notary Signature

Date (MM/DD/YYYY)