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|  | **REQUEST FOR ANCILLARY LEGAL SERVICES** | **CASE NO.** |

Court Address Court Telephone No.

**Juvenile Division 1025 E. Forest Avenue, Detroit, MI 48207 (313) 833-4777**

Name of requesting person:

Name of agency (if applicable):

Requesting for:  Mother  Father  Custodial  Non-custodial

Race/Ethnicity:  American Indian/Alaska Native  Asian  Black or African American  Hispanic or Latino

Native Hawaiian or Pacific Islander  White

Role of requestor

DHHS/child protective services

Foster Care Agency Worker

Parent attorney for:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMH Parent Advocacy Specialist

LGAL for:

Judge or Referee

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting the following ancillary legal services:

Divorce  Paternity action

Revocation of paternity motion/action  Domestic Violence/PPO

Driver license restoration  Landlord/tenant

Custody action/motion/parenting time  Children/education

Social security/disability/survivor’s benefits  Immigration

Housing Assistance  District Court Misdemeanor/Ordinance

Guardianship  Substance Abuse

Other

Describe how the ancillary legal service will help prevent removal from the home or attain permanency for the child(ren):

Does parent refuse attorney services?  Yes  No

Date Signature

**Submit to:**