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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:**