



Bridge to Justice Referral Program
LEGAL ASSISTANCE FOR ACTIVE MILITARY PERSONNEL

Client Information:

DOB: _____ Age _____
Military Personnel's Name: _____ Male Female
Branch: _____ Overseas: Yes ___ No ___
E-Mail Address: _____ Based at: _____
Spouse/Reporting Person: _____
Telephone: _____ Reserve _____
Home Cell Work Message Other
Address: _____ Active Duty _____
Street Apt. #
City State Zip
County: _____
County where Client needs Attorney
Language Spoken:
English
Spanish
Navajo
Other Language
How did you hear about our program? Radio Website JAG Judge Other _____

Financial Information:

Gross Monthly Income: _____ Number in Household: _____ Ages: _____
Temporary Loss of Income: _____
Source of Income: Employment Child Support Alimony Other _____
Other Adults' Income: _____ Assets other than Income: _____
Living Expenses:
Rent _____ Utilities _____ Medical _____ Groceries _____ Child Support Outgoing _____ Other _____

DEADLINES

Court/Judge: _____
[] Hearing Date/Time: _____
[] Filing Deadline: _____

DESIRED ACTION BY PRIVATE ATTORNEY:

Adverse Party: _____ Opposing Counsel: _____

Fee basis to be determined on an individual basis.
Pro Bono Services will be provided whenever possible but in some cases payment may be required.
Please call 1-800-876-6227 or 505-797-6067
E-mail - dmartinez@nmbar.org
www.nmbar.org