



APPLICATION FOR LEGAL SERVICES KANSAS LEGAL SERVICES

Applicant's Personal Information

Legal Name: _____ Previous name/maiden name used: _____
Street Address: _____ Last 4 digits of SSN: _____
City: _____ County: _____ Zip: _____ Primary Phone: _____
Age: _____ D.O.B. _____ Female Male Other Phone: _____
U.S. Citizen? Y N Disabled? Y N Email: _____
Marital Status: Married Divorced Separated Never Married Common Law Widowed

PBPN Enrollment #: _____

Do you own trust land in Kansas? Y N

Are you requesting new documents to be drafted? Y N

Do you have existing documents that need to be updated? Y N

Additional Information:

Signature: _____ Date: _____

- Please Be Advised That This Form is NOT an Agreement for Representation – It is An Application Only.
- This is only the beginning of the application process. You should anticipate additional questions being asked.

• Referring Agency: PRAIRIE BAND POTAWATOMI NATION

Please return completed application to the Tribal Council Treasurer's Office at the Government Center.
16281 Q Road, Mayetta, KS 66509 -- 785.966.4005
OR email to: wadepahmahmie@pbpnation.org