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Apply for Services Form

Client Information

1. Date of Request:

2. First Name

3. Last Name

4. Email:

5. Telephone:

6. Safe to Contact?

6a. If no, how may we contact you?

7. Legal Issue:

8. Opposing Party:

9. Language Preference:

10. County of Residence:

11. Does your case involve domestic violence?:

11a. If yes, do you have a protection order in place?

12. How did you hear about VARN?

Please print this form and fax it to: 775-883-7211 or bring it into our offices at 904 N. Nevada St. Carson City NV 89703. You can also email the form to info@varn.org. Please call 883-8278 or 1-866-448-8276 if you have any questions.