INDEPENDENCE HOUSE LEGAL SERVICES REQUEST

THIS IS A REQUEST FOR LEGAL SERVICES. SERVICES ARE NOT GUARANTEED. THIS REQUEST DOES NOT ESTABLISH AN ATTORNEY-CLIENT RELATIONSHIP.

DATE: _____________ LEGAL NAME: ____

Other names (birth/maiden; previous) ____

STREET ADDRESS: ____

TOWN/STATE: ____ DATE OF BIRTH: ______________

How long at this address? ___________ If less than 1 year, prior city/state?___________________

PHONE: _______________________________ Is this number safe to call? ____Yes ____ No

GENDER: _________________ Pronouns _____ she/her _____he/his _____they/theirs

RACE/ETHNICITY: ____ Am Indian/Alaska Native ____Asian ____Black/African Am ____ White

____ Native Hawaiian/S Pacific ____Hispanic/Latino ____ Multi ____ Other:_______________

PRIMARY LANGUAGE: _________________________ INTERPRETER NEEDED? ____yes ____ no

MARITAL STATUS ____ married ____ divorced ____ separated ____ single/widowed

CHILDREN? ____yes ____ no Ages of children _________________ Custody? ____yes ____ no

HAS DCF BEEN INVOLVED WITH ANY CHILD(REN)? ____yes ____ no Date? _________________

Explain ____

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HAVE YOU BEEN AN INDEPENDENCE HOUSE CLIENT? ____Yes ____ No

If yes, date? ________________ Counselor: _______________________________________

HAS YOUR CHILD BEEN AN INDEPENDENCE HOUSE CLIENT? ____ yes ____ no

HAVE YOU WORKED WITH A COURT ADVOCATE? ____Yes ____No

Date: ___________ Court: ______________________ Advocate: ______________________________

HAVE YOU WORKED WITH AN ATTORNEY? ____ yes ____ no

Attorney name ____________________________ Most recent date: __________________________

Explain: ____

OTHER PARTY'S NAME: ____

Other names (birth/maiden name; previous name) _________________________________

DATE OF BIRTH: ____________________ PHONE: ________________________________

STREET/TOWN ____

RELATIONSHIP TO YOU: _____________________ PARENT OF YOUR CHILD? ____yes ____ no

DOES THIS PERSON HAVE AN ATTORNEY? Yes/No Name: _____________________________

HAS THE OTHER PARTY EVER BEEN A CLIENT OF OR WORKED WITH INDEPENDENCE HOUSE?

____Yes ____No If yes, explain ____

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DO YOU HAVE A SAFETY CONCERN AT THIS TIME? If yes, briefly explain.

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HAVE YOU EXPERIENCED ABUSE? If yes, ____ Present ____ Past

TYPE OF ABUSE: ___ Physical ___ Sexual ___ Emotional ___ Verbal ___ Stalking ___ Financial

Explain (this space only):

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DESCRIBE YOUR LEGAL ISSUE (this space only):

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DO YOU HAVE A COURT DATE, HEARING DATE, OR ANY KIND OF DEADLINE?

____YES ____ NO If yes, date _______________________

Name/location of Court____

Status of case ____

Type of case: ____ Restraining Order ____ Divorce ____ Unwed Custody/Support/Visitation

____ Immigration ____ Housing/Eviction ____ Other _________________________________

AFTER REVIEW OF YOUR REQUEST WE WILL CONTACT YOU. WE CANNOT ACCEPT EVERY REQUEST. IF WE ARE NOT ABLE TO HANDLE YOUR MATTER WE WILL TRY TO PROVIDE YOU WITH INFORMATION OR REFERRALS.

Independence House, Inc. takes an interdisciplinary approach to working with clients. Staff members work as a team to provide advocacy and assistance to clients. The input and expertise of other staff members help the Staff Attorney to assist clients in accomplishing their legal needs and goals. I authorize my Independence House counselor and court advocates to share confidential information with the staff attorney. I understand that I can revoke this release at any time by notifying my counselor/advocate in writing.

____ _________________________

(sign name) Date

DELIVER THIS FORM TO ANY INDEPENDENCE HOUSE OFFICE, SAFEPLAN COURT OFFICE, OR FAX 508-778-0143 OR EMAIL susanc@indhouse.net

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(To be completed by IH Staff)

REQUEST COMPLETED BY IH STAFF:

Staff Name: _______________________________________ Date: ____________________

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(To be completed by Attorney)

Referrals made:

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Comments:

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