

CENTER FOR JUSTICE

INTERVIEWER Interviewer – attach your typed interview and assessment	DATE
Is interviewee the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about us? <input type="checkbox"/> CFJ Event <input type="checkbox"/> Agency <input type="checkbox"/> News <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Other _____

NON-REPRESENTATION POLICY [Important !]

- 1) By applying for our representation services, we do not automatically represent you.
- 2) It will take 2 – 3 weeks (or more) before we can decide whether to accept your case.
- 3) If you have court dates or deadlines before you hear from us, *you must keep them*.
- 4) If you have a pending court date or deadline and need an answer from us immediately, tell your interviewer and we will attempt to review your info more quickly.
- 5) We will **not** appear in court or meet your deadlines unless we accept your case in writing.
- 6) **All legal claims have a time limit for filing a case with the courts. While we are reviewing your case, you should continue to seek legal representation elsewhere in order to preserve your right to file your case with a court.**
- 7) We are a small non-profit private law firm and can only take a small number of cases.

PLEASE PRINT LEGIBLY (This information helps us know who it is we serve — except for the income level, it's not a factor in the decision whether to represent you)

NAME: _____ Date of Birth: _____ Age _____
ADDRESS: _____ Number of Dependents: _____
CITY / STATE: _____ Race _____ Gender _____
ZIP CODE _____ Home/Cell Phone: _____
 married single other _____ Work Phone: _____
EMAIL _____ Would you like to be added to email list? Yes No

CURRENT EMPLOYER: _____ Number in household _____

TOTAL HOUSEHOLD INCOME INCLUDING ALL BENEFITS

- | | |
|---|--|
| <input type="checkbox"/> Less than \$1008 per month | <input type="checkbox"/> \$1443-\$1558 per month |
| <input type="checkbox"/> \$1009-\$1296 per month | <input type="checkbox"/> \$1559-\$1671 per month |
| <input type="checkbox"/> \$1297-\$1442 per month | <input type="checkbox"/> above \$ _____ |

Do you identify as disabled? _____ Type of disability: _____

Do you identify as LGBT? _____

Have you ever applied for services at the Center for Justice previous to this visit?

Yes No If yes, date of application: _____

Have you been incarcerated? Yes No

Do you have a family member currently incarcerated? Yes No

Prior military service? Yes No

Would you like help registering to vote? Yes No

Would you like help signing up for healthcare? Yes No

PLEASE COMPLETE BACK OF PAGE

What are you asking the Center for Justice to assist you with?

People or companies involved (landlords, employers, witnesses, etc)

Please write First and Last Names and Relationship

Please complete if applicable

Case Number: _____

Next Court Date: _____ **What Court?** _____

Name of Opposing Counsel: _____

Name(s) of Previous Attorneys: _____

Have you applied for Public Defender? Yes No

I hereby authorize the Center for Justice to receive and copy any and all of my records pertaining to me. I specifically authorize telephone conversations on my behalf by the Center for Justice. Further, this authorization is a general release for the Center for Justice to release any information it deems necessary, and to obtain any information it deems necessary from any party it deems necessary during this application process.

DATE: _____ SIGNATURE OF APPLICANT: _____

- 1) **THIS IS ONLY AN INFORMATION GATHERING SESSION.**
- 2) **THE CENTER FOR JUSTICE DOES NOT REPRESENT YOU UNLESS YOU ARE FORMALLY NOTIFIED THAT YOUR CASE HAS BEEN ACCEPTED.**
- 3) **BY SIGNING THIS STATEMENT, I UNDERSTAND THAT THE CENTER FOR JUSTICE DOES NOT REPRESENT ME AT THIS TIME AND I ACKNOWLEDGE THAT I AM ONLY APPLYING FOR SERVICES.**
- 4) **I FURTHER UNDERSTAND THAT IF I HAVE ANY CURRENT COURT DATES, I MUST ATTEND THOSE HEARINGS, AND I UNDERSTAND THAT THE CENTER FOR JUSTICE WILL NOT BE REPRESENTING ME IN ANY HEARINGS, AND WILL NOT BE FILING ANYTHING ON MY BEHALF UNLESS MY CASE IS ACCEPTED.** _____ initials

DATE: _____ SIGNATURE OF APPLICANT: _____

ONLY IF CASE ACCEPTED: DATE CASE ACCEPTED/ASSIGNED: _____
 Initial of approval by Legal Director/ED : _____ Name of Attorney handling: _____
 IS THERE A CONFLICT? YES NO
COMMENTS: