



Carefully read instructions



This is an intake application exclusively for eviction assistance.

Legal Aid can only provide eviction defense services to tenants and sublessees who 1) are residents of Broward County, 2) were served with court documents, and 3) want to save their housing.

Presently, we do not offer services to file lawsuits against landlords for monetary damages.

Fill this application out **in its entirety**, and provide copies of the listed items below. Without these documents, we will not be able to create a client case file for you.

- The complete intake application
- Copy of your Driver's License or State Identification Document
- If Subsidized Housing (i.e. Section 8): Copy of HAP Contract, lease, Notice of Termination, Tenant's portion of rent, etc.
- The front page of your eviction to determine date and time of service.
- If you do not have the front page of your eviction please answer the following questions:
Date and time you were served: _____
How were you served? Personally By Mail Posting at the door

Application for Services

Please understand you **DO NOT** become a client of Legal Aid unless we tell you that we have accepted your case.

It is possible that your information will not reach us because of problems with your email or computers. Legal Aid is not responsible for these errors.

Once we receive your completed application, a staff member will contact you at the phone number you provide within 2 business days. If you do not hear from us within 2 business days please call (954) 736-2497 and let the operator know you completed and emailed your intake application for eviction assistance.

DO NOT use this application if you have a "short deadline" or an emergency (i.e. your Answer is due within 48 hours). In that case, you will have to call our Office phone number at (954)736-2414 between 9:00 a.m. and 4:30 p.m.

You have expressed your agreement with the terms here indicated, when you complete this intake application for services, and email it to Legal Aid at evictions@legalaid.org.

HOUSEHOLD INFORMATION: NUMBER OF ADULTS: _____ CHILDREN: _____
SOURCES OF INCOME FOR THE HOUSEHOLD AND AMOUNT MONTHLY FOR EACH:

*Fill out all sources of income for each income producing member of the household

\$ _____	SSI	\$ _____	VETERANS BENEFITS
\$ _____	TANF	\$ _____	UNEMPLOYMENT
\$ _____	CHILD SUPPORT	\$ _____	JOB
\$ _____	DISABILITY	\$ _____	OTHER: _____

Do you have reason to believe that your income is likely to change significantly in the near future?

No Yes, If yes how so? _____

ASSETS: CHECKING ACCOUNT \$ _____ SAVINGS ACCOUNT \$ _____

RENT: MONTHLY RENT? _____

THE LAST MONTH THAT YOU PAID RENT IN FULL? _____

HOW MUCH RENT DO YOU OWE? _____

DO YOU HAVE THE MONEY TO PAY? NO YES HOW MUCH DO YOU HAVE \$ _____

DO YOU HAVE PROOF OF YOU PRIOR RENT PAYMENTS? YES NO

IF YES, FOR WHICH MONTHS? _____

The Housing Unit of Legal Aid Service of Broward County, Inc. offers the following types of service. After a full legal review of all documents and information you provide, you will be advised of which service, if any that will be provided. Please know, you may be asked to collect additional documents. It is your responsibility to timely provide all requested information so that a decision can be made. After your interview, the supervising attorney will review your case to determine what, if any, of the following will be provided to you:

Advice and counsel: AN ATTORNEY WILL NOT REPRESENT YOU. A member of our legal team will talk to you about the law and possible defenses or claims you may have and you can ask any and all questions you have. You will be advised on the legal process and what you can expect as your case or issue proceeds. If you have questions in the future, you can return to our office for additional advice or review. If you do return for additional assistance, you must update us with new information and documents that occurred since your first visit.

Representation: An attorney will be assigned to represent you on your matter, which may include more than advice and counsel.

Declined: If your case does not meet out eligibility or case requirements, we regretfully will be unable to give you advice and counsel or representation.

PLEASE READ AND SIGN:

The information I have given on this application is TRUE AND CORRECT to the best of my knowledge. I have read the above policies, and agree to apply for legal services on the terms set out above.

Signature: _____

Date: _____

Sherylle Francis
Chairperson

Michael Rajtar
Vice Chair

Kelley Price
Secretary

Arnold Nazur
Treasurer

Jeffrey Wank
Past Chairperson

Anthony J. Karrat
Executive Director



LEGAL AID SERVICE OF BROWARD COUNTY, INC.
CONSENT

I understand that the person(s) with whom I am having a problem (the opposing party) may come to Legal Aid Service of Broward County, Inc., (LAS) for legal help and may be eligible for legal assistance. LAS cannot represent both sides of a case as it would result in a "conflict of interest". I promise to tell LAS the truth about myself and my legal problem so LAS can decide if I am eligible for legal help and determine if a "conflict of interest" exists. If the opposing party and I are both eligible for legal services from LAS, I understand, agree and consent that LAS can decide to either: (1) refer each of us to a different volunteer private attorney to help us through Broward Lawyers Care or (2) decide to assist one of us and refer the other person to be helped by a volunteer private attorney. In either case, I understand that the information I give to LAS will not be shared with or given to the opposing party's attorney.

Signature

Date



LIMITED RETAINER AGREEMENT

I, _____ do hereby retain LEGAL AID SERVICE OF BROWARD COUNTY, INC. (LAS), solely for the purpose of obtaining and receiving the information necessary to determine whether the matter that I have consulted LAS about is a matter in which LAS can or will provide me with representation. I have also been advised, and do fully understand, that if LAS, after reviewing the information related to my case, determines that it will not accept my case, the program will notify me of that fact and will not act as my attorney with regard to this matter. If LAS does agree to accept my case, it will promptly notify me of that fact.

Signature

Date

P.O. Box 120910
Ft. Lauderdale, FL
33312-0016

☎ (954) 765-8950

☎ (954) 736-2484

4436 Tamiami Trail East
Naples, FL 34112
(239) 775-4555

1400 N. 15th Street
Suite 201
Immokalee, FL 34142
(239) 657-7442

PRO BONO REFERRAL AGREEMENT

1. I understand that Legal Aid may not be able to represent me, but may be able to refer my case to a private attorney who will represent me for free. Some private attorneys in the community agree to donate their time to represent Legal Aid clients. If Legal Aid is not able to find a private attorney to represent me for free, I understand that I may not have the services of an attorney and I may have to represent myself.
2. I understand that if I am able to pay, I will pay for the costs of filing court papers in my case. I also understand that if my attorney helps me win money on my case, I will pay for filing fees and other expenses spent on my case from my winnings.
3. I understand that I have an obligation to keep Broward Lawyers Care informed of any changes in my address or telephone number.
4. I understand that I have an obligation to keep Broward Lawyers Care informed of changes in my income or assets or changes in my household's income or assets. I understand that such changes may mean that I am no longer eligible for free legal services.
5. If an attorney is assigned to represent me, he or she may stop representing me if I do not cooperate with him or her or with Broward Lawyers Care.
6. I can tell the attorney to stop representing me whenever I want.
7. The attorney will not settle my case unless I say that it is okay.
8. I have a right to complain if I do not like the work that is being done on my case.
9. Broward Lawyers Care has advised me that they may be required to provide certain information including my name, eligibility information, and financial records including trust account records to auditors or monitors pursuant to federal law. I agree to permit Broward Lawyers Care to provide this information as required and also to reveal information that is otherwise a matter of public record. Broward Lawyers Care has advised me that they are not required to provide other information that is subject to attorney client privilege.
10. I understand this referral agreement and agree to be bound by it.
11. Everything I have told Legal Aid or Broward Lawyers Care about my case is true to the best of my knowledge.

Signature

Date

CLIENT RIGHTS AND RESPONSIBILITIES

I, _____ want LEGAL AID to represent me for free on the
Following matter: _____

Everything I have told Legal Aid about my case is true, as far as I know.

I understand that a Legal Aid attorney or, a paralegal or third-year law student, supervised by a Legal Aid attorney, may represent me. I also understand that Legal Aid may send my case to a private attorney who will represent me for free. I understand that if Legal Aid determines that I am able to pay, I will pay for the cost of filing court papers and for other expenses in my case, unless Legal Aid can get the court to file my papers for free.

I also understand that if Legal Aid helps me win money on my case, I will repay Legal Aid from my winnings for filing fees and other expenses spent on my case. If Legal Aid can get the other side to pay for filing fees and expenses, any costs advanced by me will be returned to me. Sometimes Legal Aid can try to get the other side of the case to pay for my Attorney fees or paralegal fees. If that happens, I agree to let Legal Aid ask for and keep this payment.

I won't talk to the other side or their lawyer without asking my Legal Aid lawyer and will call Legal Aid right away if they try to talk to me. I promise to keep Legal Aid up to date with my contact information (address, email address, phone numbers) I promise to treat all Legal Aid Staff or guests with respect, and in a civilized manner at all times.

I promise to tell Legal Aid about any changes in my family size, in my job or in my income. I will come on time to appointments, hearings etc. I will cooperate with Legal Aid in handling my case. I understand that Legal Aid can stop representing me for a good reason, but only after telling me and hearing my side. Some good reasons would be if I do not cooperate, if I miss a court hearing, any violation of this Agreement, or if Legal Aid concludes that my requests are unreasonable. I can tell Legal Aid to stop representing me whenever I want. Legal Aid will not settle my case unless I say it is OK.

I have the right to complain if I do not like the work Legal Aid does on my case or if Legal Aid won't represent me anymore. Legal Aid gave me a form, which tells me what to do if I want to complain. I agree to give Legal Aid all information requested for my case. I understand that Legal Aid will return all my papers to me after copies are made or when my case is completed. I understand that it is my responsibility to ask for my original papers back. Legal Aid will dispose of my file Seven (7) years after my case is finished.

I have been given a copy of this form to keep.

Signature

Date

Staff Attorney

Date/ Rev.3, 2020

**LEGAL AID SERVICE OF BROWARD COUNTY, INC.
GRIEVANCE PROCEDURE**

The following grievance procedure has been established to provide a remedy for applicants or clients who feel they have either been improperly denied assistance or have received ineffective assistance by the Program.

Complaint for Denial of Assistance

Step One: Initial determination of eligibility *for* program services shall be made by staff personnel. Each client denied services by the program shall be given a written notice stating reasons for denial.

Step Two: If the client feels that he or she has been wrongfully denied services by the program, then the client may request a review which shall be made by the supervising attorney or by the intake attorney.

Step Three: The applicant may appeal the decision of the attorney to the Executive Director or in his/her absence to the unit supervising attorney. Upon review, if the Executive Director or supervising attorney shall determine the applicant to be ineligible for services from the program, then the reasons for the rejection shall be provided to the applicant in writing.

Step Four: Final appeal may be had to the Eligibility Committee of the Board of Directors. The program staff shall, if requested, assist applicant in providing a written statement to this committee outlining the reasons for the appeal. The Committee shall meet and render its decision within fourteen (14) days from the date of initial rejection of the applicant.

THE APPLICANT HAS THE RIGHT TO BE PRESENT AND HEARD WHEN THE ELIGIBILITY COMMITTEE MEETS TO CONSIDER APPLICANT'S APPEAL.

Complaint for Ineffective Service

Step One: A client who is dissatisfied with the services received from the program or who feels that the services rendered have been ineffective, may file a complaint setting forth reasons which shall be reviewed directly by the Executive Director of the program, or the Deputy Director in the absence of the Executive Director.

Step Two: If requested by the client, a staff person not involved in the complaint shall be assigned to assist the client in drawing up the complaint.

Step Three: If the Executive Director or Supervising attorney is unable to satisfactorily resolve the client's complaint, then the client's complaint with a written summary of action already taken by the program, shall be referred to the Personnel Committee of the Board of Directors for final action. The client has the right to be present and heard when the Personnel Committee meets to discuss the complaint. A final decision shall be rendered within fourteen (14) days from the date that the Personnel Committee receives the complaint

Applicant's Initials: _____

DETERMINATION OF ELIGIBILITY

Based on information supplied by you on your sworn application, it has been determined that you are not eligible for the services of Legal Aid Service of Broward County, Inc., because:

1. You are over our financial guidelines
2. Type of Case
3. Conflict of interest
4. Other (Specify) _____

If you feel *you* have been unfairly denied our services, you have the right to have this determination reviewed. To start this review, please complete the Request for Review set out below and return it to our office.

Date: _____ Determination Made By: _____ Position With Program: _____

REQUEST FOR REVIEW

Name: _____ Date: _____

Address: _____ Phone: _____

I feel that I have been unfairly denied the services of Legal Aid Service of Broward County, Inc., for the following reasons: _____

I hereby request review of the determination and a copy of the grievance procedure.

Signed: _____

REVIEW OF DETERMINATION

RE: _____

I have reviewed the above Determination of Eligibility, the Request for Review and have discussed the matter with, the abovementioned person and have made the following decision.

1. I agree with the Determination of Eligibility
2. I disagree with the Determination of Eligibility and, in my opinion, the above-mentioned person is eligible for our services.

By: _____

Date: _____

Staff Attorney