

LEGAL AID SERVICE OF BROWARD COUNTY, INC. – VPBP INTAKE

8/21/2018

Last Name: _____ First: _____ Middle: _____

Address _____

City _____ Zip _____ Rent Own

Phone #: Main _____ Other _____ E-mail _____

Date of Birth _____ Last 4 Digits of your Social Security No. _____

What is your primary language? English Spanish Creole Other _____

Disabled?: Hearing Vision Other VA Disability Rating _____ %

Your Race _____ Ethnicity _____

HIV: Yes No AIDS: Yes No Prefer not to disclose

Are you: U.S. Citizen? Yes No If no, Permanent Resident? Yes A# and exp. date: _____ No

Are you receiving services from the VA? Yes No Since: _____

Marital Status _____ Spouse's Name _____

Number of persons in household (incl. yourself) _____ Number of children under 18 in household _____

Who is the **opposing person / company / agency** involved in the legal problem about which you have come to see us?

_____ **Opposing person's d.o.b.** _____

Is the **opposing party** a United States Veteran? Yes No Unsure

Are you the victim of violence or a crime? Yes No

If so, what is your relationship to the person who committed the violence or crime against you? _____

Is any member of your household a veteran (including the Reserves or National Guard)? Yes No

Do you or any member of your household own any real estate or land on which you **do not live**? Yes No

If **yes**, please list these assets and estimate the value: _____

Do you or a member of your household have cash in bank accounts and/or hand? Yes No Amount\$ _____

Do you or a member of your household own any other property (other than one car or household furnishings)?

(Examples: boat, RV, stocks, bonds, additional motor vehicles) Yes No

If yes, please list these assets and estimate the value _____

Your employer _____ Address _____

Income Sources:	Weekly	Bi-Weekly	Monthly
Your GROSS salary or self employment income (before taxes or deductions are taken out):			
Other Household Members' GROSS income			
VA: Disability / Pension / Aid and Attendance (circle all that apply)			
Social Security: SSI / SSDI / Retirement (circle one)			
Other VA/Military Pay (GI Bill/Ch. 31; Active/Reserve Pay; etc.)			
Unemployment Compensation / Workers Compensation			
SNAP / WIC / Food Stamps			
Child Support / Alimony			
Other Income (including contributions from family, friends, cash gifts)			

Do you anticipate a significant change in your income in the near future? Yes No

I need help concerning: _____

Have you retained or previously retained an attorney regarding this issue?

Yes, Attorney Name and Phone # _____ No

(If yes, please provide a letter of termination or Court Order of Withdrawal)

LEGAL AID SERVICE OF BROWARD COUNTY, INC. – VPBP INTAKE

I was referred to Legal Aid/ Mission United by: _____

I am a: Veteran
 Dependent of a Veteran

Branch of Service: Army
 Navy
 Air Force
 Marines
 Guard

Military Status: Veteran
 Reserve/ Guard
 Active
 Retired

Character of Service: Honorable
 General-Under Honorable Conditions
 Other than Honorable
 Bad Conduct
 Dishonorable
 Uncharacterized

Period(s) of Service: _____ years From: _____ To: _____

Rank at Separation: _____

DEMOGRAPHICS – This section is voluntary and is used for reporting purposes only. Reports are presented only with demographic information and absolutely no client identifiers. The information will not be used for a discriminatory purpose.

Gender Identity: Female Male Trans M-F Trans F-M Questioning Non-Conforming Prefer not to Answer

Sexual Orientation: Heterosexual Lesbian Gay Bisexual Questioning Queer/Pansexual/Omnisexual/Fluid

Additional identity not listed, please specify: _____ Prefer not to Answer

List your full name as shown on Legal Documents: _____

How would you like us to address you: _____

PLEASE READ AND SIGN

If the person involved in your dispute contacts Legal Aid Service of Broward County, Inc. (LAS) for assistance with the same matter, we will also determine his/her eligibility. If both you and the other person are eligible and accepted for representation, both of you will be advised that attorneys will be provided to each of you as follows: one of you will be provided an attorney from the LAS staff; and the other will be provided a volunteer attorney from the Broward Lawyers Care program. The volunteer lawyers in that program are not on the staff of LAS. Files for each program are kept separate; and access is restricted. Any information you give us will not be disclosed to that person or to the attorney assigned to his/her case unless we have your permission.

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: _____

I am a citizen of the United States.

Signature: _____ Date: _____

MISSION UNITED VPBP LEGAL CHECK-UP

NAME _____

PLEASE ANSWER **YES** OR **NO** AFTER READING EACH QUESTION:

YES **NO**

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you applied for and been denied Veteran's benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you have an Other than Honorable Discharge? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you been denied medical treatment at VA (other than dental)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you applied for and been denied Social Security Disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Are you repaying an overpayment debt to VA or Social Security? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Do you have an outstanding warrant for your arrest in any State? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Has your husband/wife/boyfriend/girlfriend recently physically harmed you? Has he/she slapped, punched, shoved, stalked, or imposed controlling behavior on you? Has he/she threatened you to the extent you felt you or your children were in imminent danger? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Are you having trouble regarding sharing time of your child or paying child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Do you want to file for divorce? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Are you at risk of being unable to pay your rent, mortgage, or association fees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Do you need help in defending against collections/garnishments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Have you signed a contract for a home improvement or repair where the work has not been done, or it has been done poorly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Do you have any problems with your landlord or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Has your landlord sent you any written notices terminating your tenancy, or threatening to evict you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Did you or anyone in your household recently become unemployed and/or applied for unemployment compensation benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Do you have a disability for which you believe you are entitled to public benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Do you live on the street, in your car, in a shelter, with someone temporarily, or are you currently living in a drug or alcohol treatment program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Is your child having any of the following problems in school: behavior, suspensions, expulsions, academic, in need of special services, or special education? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. | Has your driver's license been suspended? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. | Do you have a Federal Income Tax problem with IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. | Are you (or your spouse or child) interested in becoming a U.S. citizen? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. | Would you like additional information regarding:
<input type="checkbox"/> Estate Planning (wills, trusts, power of attorney, healthcare proxy)
<input type="checkbox"/> Child Support Modification
<input type="checkbox"/> Your rights as a tenant/renter
<input type="checkbox"/> Debt relief options |

**If you have been told that you do not qualify for our services because your income is too high and you have not disclosed to our intake worker that you are HIV+, please ask the intake worker whether you would qualify under the HIV+ guidelines.

Initials _____

Date _____

Rev. 8/30/2018

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Jeffrey M. Wank
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Executive Director



MISSION UNITED VETERANS PRO BONO LEGAL PROJECT AT
LEGAL AID SERVICE OF BROWARD COUNTY, INC.

AUTHORIZATION AND INFORMATION RELEASE

I, _____, authorize LEGAL AID SERVICE OF BROWARD COUNTY, INC., to obtain, inspect, copy and receive any information in your possession pertaining to myself or any member of my family. I also authorize you to give this information to LEGAL AID SERVICE OF BROWARD COUNTY, INC., and I acknowledge that you will not be responsible for disclosure of this information or for anything LEGAL AID SERVICE OF BROWARD COUNTY, INC. may do with the information provided hereunder. This release is given without limitation and applies to both confidential and non-confidential information in your possession from any source and in any form (including, but not limited to drug/alcohol abuse and psychological, psychiatric reports and information concerning HIV/AIDS).

Signature

Print Name

Date

P.O. Box 120910
Ft. Lauderdale, FL
33312-0016
☎ (954) 765-8950
☎ (954) 736-2480

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

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



LEGAL AID SERVICE OF BROWARD COUNTY, INC. – VPBP Intake

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 following matter(s) that I have consulted (LAS) about is a/are matter(s) in which LAS can or will provide me with representation.

I am seeking consultation on the following matter(s):

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:** _____

LEGAL AID SERVICE OF BROWARD COUNTY, INC. – VPBP Intake

CONSENT

I understand that the person(s) with whom I am having a problem (the other side) may come to Legal Aid Service of Broward County, Inc. (LAS) for legal help and may be eligible for legal help. LAS cannot represent both sides of a case because it would be 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 to see if a “conflict of interest” exists. If the other side 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) for one of us to be helped by LAS and 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 other side’s attorney.

Signature: _____ **Date:** _____

LEGAL AID SERVICE OF BROWARD COUNTY, INC. – VPBP Intake

PRO BONO REFERRAL AGREEMENT

1. I understand that Legal Aid cannot 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 the Veterans Pro Bono Project informed of any changes in my address or telephone number.
4. I understand that I have an obligation to keep the Veterans Pro Bono Project 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 the Veterans Pro Bono Project. If assigned, **I am only entitled to referral to one (1) attorney.**
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. I have been given a form for that purpose. If I want to complain, the form should be given to the Veterans Pro Bono Project.
9. The Veterans Pro Bono Project 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 the Veterans Pro Bono Project to provide this information as required and also to reveal information that is otherwise a matter of public record. The Veterans Pro Bono Project has advised me that they are not required to provide other information that is subject to attorney client privilege.
10. I understand that seven years after my case is finished, the Veterans Pro Bono Project will destroy my file because it needs to make room for other files.
11. Regarding **Family Law cases**, the scope of representation may be limited to mediation.
12. I understand this referral agreement and agree to be bound by it.
13. I have been given a copy of this agreement to keep.
14. I understand that the Veterans Pro Bono Project will attempt to refer me to a private attorney to help me with the following matter:

15. Everything I have told Legal Aid or the Veterans Pro Bono Project about my case is true to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____



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

X

DETERMINATION OF ELIGIBILITY

RE:

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
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 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 above-mentioned 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

Agencies handling grievances regarding discrimination in the delivery of services to individuals with disabilities or limited English proficiency:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Disability Rights Section - NYAV
Washington, D.C. 20530
(800) 514-0301
(800) 514-0383 (TTY)

The U.S. Department of Health & Human Services
Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
(404) 562-7881
(404) 331-2867 (TTY)

U.S. Equal Employment Opportunity Commission
131 M Street, NE
Washington, DC 20507
(202) 663-4900
(202) 663-4494 (TTY)

Florida Department of Children & Families
Office of Civil Rights
1317 Winewood Blvd., Building 1, Room 110
Tallahassee, FL 32399-0700
(850) 487-1901
(850) 922-9220 (TTY)

X _____
Sign + Date

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