



## Legal Assistance Intake Form

Thank you for reaching out to [SurvJustice](http://SurvJustice.org). Our mission is to increase the prospect of justice for survivors by providing effective legal assistance that holds both perpetrators and enablers accountable. Please fill out this intake form and save it as "Last Name\_Intake" before emailing to [info@survjustice.org](mailto:info@survjustice.org) or mailing it to our office. This form will be kept confidential and privileged.

<b>Part I: Contact Information (required)</b>				
Name:		School:		
Major:		Graduation:		
DOB:		Race/Ethnicity:	Sex/Gender: <small>(preferred pronouns)</small>	
Address:			City & State:	
Phone:			Personal Email:	

<b>Part 2: Type of Incident (place an "X" for all that apply)</b>					
	Sexual Assault/Rape		Dating/Domestic Violence		Stalking
	Hazing		Sexual Harassment		Retaliation
	Defamation Claim		Other (please describe below):		

<b>Part 3: Type of Assistance Desired (mark only if know or leave note you are unsure)</b>					
	Campus Hearing		Civil Lawsuit		FERPA Complaint
	Title IX Complaint		Criminal Advocacy		Clery Act Complaint
	Accommodations		Media Representation		Protective Order
	DOJ Complaint		HIPPA Complaint		Unsure (please describe)

**Part 4: Description of Incident**

Instructions: Please give a brief background on the incident including specific dates and names of parties involved or who witnessed the incident. Only information in this box will be reviewed. SurvJustice will likely follow up with further so highlight the major points to help our initial review.

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Please answer the question below honestly as SurJustice has an ethical duty to communicate with existing legal counsel for survivors. Please note our limited resources may limit our ability to assist those already represented.

**Part 5: Current Presentation** (please check all that apply)

Do you currently have the assistance of attorney?				<b>YES</b>		<b>NO</b>	
<b>Attorney Name:</b>		<b>Firm:</b>					
<b>Phone:</b>		<b>Email:</b>					
Did you previously retain the assistance of an attorney?				<b>YES</b>		<b>NO</b>	
<b>Attorney Name:</b>		<b>Firm:</b>					
<b>Phone:</b>		<b>Email:</b>					

Instructions: If you marked yes to either, please explain the attorneys scope of services below.

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<b>Part 6: Background on Efforts Taken</b>	
<u>Instructions:</u> Please provide us any information on what actions have occurred in your case, such as filing a police report, going through a campus hearing, hiring an attorney, etc. Please also include any media on your case to date.	
<b>Campus efforts:</b>	
<b>Criminal report:</b>	
<b>Media Coverage:</b>	
<b>Other:</b>	

<b>Part 7: Damages Overview</b>
<u>Instructions:</u> List expenses incurred to-date regarding your matter such as hospital bills, therapy or other counseling related services, lost tuition, etc.

<b>Part 8: Health</b>				
<u>Instructions:</u> Please refer to Part 2 on the first page of this form to answer.				
Have you or will you seek diagnosis of any condition that may have resulted from the incident you marked in Part 2?	YES		NO	
<u>Instructions:</u> List any existing diagnoses or note your preference to only discuss during a case review.				
Have you sought disability related services from your school or work as a result of the incident you marked in Part 2?	YES		NO	
<u>Instructions:</u> Describe response to such requests.				