



## 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.

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

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

Part 3: Type of Assistance Desired (mark only if know or leave note you are unsure)				
	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.

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>	
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<b>Attorney Name:</b>		<b>Firm:</b>	
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<b>Phone:</b>		<b>Email:</b>	
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Did you previous retain the assistance of an attorney?	<b>YES</b>		<b>NO</b>	
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<b>Attorney Name:</b>		<b>Firm:</b>	
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<b>Phone:</b>		<b>Email:</b>	
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Instructions: If you marked yes to either, please explain the attorneys scope of services below.

