

**COAST TO COAST LEGAL AID OF SOUTH FL, INC.
APPLICATION FOR SERVICES**

DATE: _____ HOW DID YOU HEAR ABOUT CCLA? _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ PREFERRED NAME: _____

DATE OF BIRTH ____/____/____ Age: _____

SOCIAL SECURITY NUMBER: _____(last 4) RENT OWN HOMELESS

PRIMARY LANGUAGE: ENGLISH SPANISH CREOLE OTHER _____

ADDRESS: _____
Is this a SAFE address to contact you? YES NO
Is this address confidential? YES NO

MAILING ADDRESS: _____
Is this a SAFE address to contact you? YES NO

EMAIL ADDRESS : _____
Is this a SAFE email address to contact you? YES NO

PHONE: _____ (HOME) _____ (CELL) _____ (OTHER)
Are these SAFE phone numbers to call/text you? YES NO

EMERGENCY CONTACT NAME: _____
PHONE : _____

OF PEOPLE IN HOUSEHOLD: _____ # OF CHILDREN (UNDER 18): _____

DO YOU WORK? YES NO WHERE DO YOU WORK? _____

WHAT TYPE OF LEGAL ASSISTANCE DO YOU THINK YOU NEED?

Financial exploitation Immigration/Naturalization Health care issues

Foreclosure/ Eviction Credit cards/debt/garnishment Re-employment (Unemployment)

Injunction for Protection/restraining order Divorce/custody/paternity

SNAP (food stamps) Medicare Medicaid SSI/SSDI Human Trafficking

Enforcement of civil rights as victim in criminal case

Who is the opposing person/company/agency involved in your legal issue? _____

What is your relationship to the opposing person/company/agency? _____

Opposing person's DOB? (if known) _____

CITIZENSHIP:ARE YOU A U.S. CITIZEN? YES NOPERMANENT RESIDENT? YES NO

GREEN CARD # _____ DATE OF ISSUE: ___/___/___ EXP DATE: ___/___/___

	Weekly	Biweekly	Monthly
Your GROSS salary or self-employment income (before taxes or deductions are taken out):			
<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony			
<input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Workers Compensation			
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI			
<input type="checkbox"/> VA benefits			
<input type="checkbox"/> Pension			
<input type="checkbox"/> SNAP (food stamps)			
Other Income (including ongoing (regular) contributions from family, friends, cash gifts)			
Other Household Members' GROSS income			
Do you think your income will change significantly in the future? <input type="checkbox"/> yes <input type="checkbox"/> no If so, how? _____			

ASSETS – check and complete all that apply; include current balance

CHECKING ACCT BALANCE \$ _____ SAVINGS ACCT BALANCE? \$ _____

CARMOTORCYCLE VALUE \$ _____ LOAN BALANCE \$ _____

HOME VALUE \$ _____ MORTGAGE LOAN BALANCE \$ _____

JEWELRY VALUE \$ _____

OTHER REAL ESTATE VALUE \$ _____ MORTGAGE LOAN BALANCE \$ _____

OTHER ASSETS VALUE \$ _____

Is any member of your household a Veteran of the US military? YES NOAre you the victim of domestic violence/stalking/dating violence/other violence? YES NOIs your legal problem the result of a crime against someone in your household? YES NOAre you the caregiver of a minor child that is not your biological child? YES NOAre you the caregiver for a household member who is age 60 or older? YES NOAre you the caregiver of a disabled adult or disabled minor child? YES NOAre you Ryan White certified? YES NO

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 in determining eligibility or level of service.

RACE: _____ **ETHNICITY:** _____ **MARITAL STATUS:** _____

Are you a **Holocaust** survivor? YES NO

GENDER IDENTITY: Check all that apply. Prefer not to answer
 Female Male Transgender M to F Transgender F to M Questioning
 Gender Nonconforming Additional gender category/identity, please specify _____

SEXUAL ORIENTATION: Check all that apply.
 Prefer not to answer Heterosexual Lesbian Gay Bisexual Questioning
 Queer/Pansexual/Omnisexual/Fluid Additional identity not listed: _____

HEALTHCARE:

Do you have Health Insurance Medicaid Medicare Hospital/clinic financial assistance?

When you are sick, where do you go for care?

_____ Emergency Room/Hospital; Which one? _____

_____ My doctor _____ Urgent Care

_____ Clinic/Family Health Center/Family Health Clinic; Which one? _____

If you do not have healthcare, would you like to speak with someone about healthcare options?

YES NO

Are you disabled? YES NO Hearing Vision Other _____

HIV POSITIVE: YES Prefer not to disclose (this may qualify you for additional services)

CCLA may be required to disclose certain information to its funding sources. The types of information currently subject to such disclosure are time records, eligibility records, the client's name, and the general nature of the problem.

The information I have given on this application is TRUE AND CORRECT to the best of my knowledge.

Signature: _____ Date: _____

I am a citizen of the United States.

Signature: _____ Date: _____

Best/LSC/Sept 2019

Family Law Questionnaire
YOU MUST ANSWER EVERY QUESTION COMPLETELY
Answers May Be Continued On Back of Page

YOUR Name _____

What language(s) do you speak and understand? _____ Do you need an interpreter? Yes No

Why did you come to our office? What is your legal problem? _____

How did you find out about CCLA/Legal Aid? _____

Complete name of opposing party _____

Address of opposing party _____

Opposing party's date of birth _____ Opposing party's gender: _____

Are you married to this person YES NO Date and location of marriage _____

Do you live together? YES NO Date and location of separation, if any _____

How many children under 18 live in your home? _____ Age(s) of Child(ren) _____

How many of these children were born of this relationship? _____

Were children born during this relationship that are not the opposing parties? YES NO

Are you or opposing party currently pregnant/is someone else currently pregnant with your child? YES NO

Who is this child's other parent? _____

If not married, has a Judge previously ordered that the opposing party is the parent of your child? YES NO

Have you agreed on how to share time with the child(ren)? YES NO Please explain : _____

Has the other parent given you child support? YES NO Voluntarily? YES NO Court Ordered? YES NO

How much child support (\$) and how regularly (weekly/monthly)? _____

Have you or the Opposing Party been represented by CCLA/Legal Aid before? YES NO

Have you received any legal papers? YES NO What is the exact date you got them? _____

Has another attorney helped you with this? YES NO What is the attorney's name? _____

Do you have any other family law/domestic violence/support cases now or in the past? YES NO

Do you have other court cases or do you expect a court case in the future? YES NO Explain: _____

Domestic/Dating/Sexual/Stalking Violence

Do you have an Injunction for Protection/Restraining Order against the Opposing Party? YES NO

If so, when is/was the Final Hearing? _____

If you do not have a Restraining Order, are you afraid of this person? YES NO

Do you need a Restraining Order? YES NO

If yes, do you believe you are in immediate danger? YES NO

Have you been a victim of physical abuse, sexual abuse, threats to kill or harm, been stalked or a victim of any other crime by the Opposing Party? YES NO Date when the most recent incident occurred? _____

Explain what happened _____

Were the police called? YES NO Were there witnesses? YES NO Were you injured? YES NO

Were photographs or video taken? YES NO Was anyone arrested? YES NO Who? _____

Have you ever been arrested, charged with a crime, or detained by the police at anytime, anywhere? YES NO

Explain: _____

Is there or has there ever been a restraining order against you? YES NO Explain: _____

Has, or will anyone, accuse you of domestic violence? YES NO Explain: _____

Has or will anyone accuse you of being a danger to yourself or others due to your mental state? YES NO

Have you ever been Baker Acted? YES NO Explain: _____

Does the opposing party abuse drugs or alcohol? YES NO Explain: _____

Will you be accused of drug or alcohol abuse? YES NO Explain: _____

Explain what issues you anticipate may be/will be in dispute for your family/divorce/paternity case? _____

Do you currently have a business? YES NO What kind of business? _____

How much do you earn from that business? _____ monthly/yearly

If you have no income, how do you pay your bills? _____

Do you or opposing party own, or have you ever owned, a business? YES NO

If yes, name of business? _____

How much does the opposing party earn from that business? _____ monthly/yearly

Do you pay for your own health insurance? YES NO If yes, how much? _____

Do you pay for your child(ren)'s health insurance? YES NO If yes, how much? _____

Do you pay day or aftercare for your child(ren)? YES NO If yes, how much? _____

Assets/Debts You OR Opposing Party Have

Real Estate in Florida or anywhere in the world? YES NO If yes, describe all property _____

Personal Property? (ex. Cars) _____

Retirement/pension/401(k)? YES NO If yes, describe _____

Stocks/bonds/trusts? YES NO If yes, describe _____

Do you own anything else of value? YES NO If yes, describe _____

Are there debts to divide? YES NO If yes, describe _____

If you are married, will you be asking the court for alimony? YES NO Please explain : _____

You MUST provide SAFE contact information so we can reach you

Mailing address _____

Does the opposing person know this address? YES NO Is this address confidential? YES NO

Telephone number SAFE for us to call you and leave a message _____ Can we text you? YES NO

Does the opposing person know this number? YES NO

Email _____ Does the opposing person know this email? YES NO

I have answered all of the above questions thoroughly and truthfully. I may continue my answers on the back.
I retain COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC. (CCLA), for the limited purpose of having them investigate whether they can provide me with representation for the legal problem I am having. I fully understand that if CCLA determines it will not accept my case, the program will not act as my attorney with regard to this matter. If CCLA does agree to accept my case, I will be notified of that fact, and will sign an additional Retainer Agreement.

Applicant Signature

Date

Best Dec 2019



U.S. CITIZENSHIP ATTESTATION FORM

- I am a citizen of the United States.
- Yo soy ciudadano de los Estados Unidos de America.
- Mwen se yon sitwayen ameriken.

Dated: _____ Client Signature: _____
Fecha: _____ Firma de cliente: _____
Dat: _____ Siyati Kliyan

COAST TO COAST
LEGAL
AID
SOUTH FLORIDA
CLIENT RETAINER AGREEMENT

1. The Client _____ and Coast to Coast Legal Aid of South Florida ("CCLA") agree that CCLA will investigate/review my case/legal problem with respect to a Family Law Matter.

CCLA:

2. Agrees to investigate the matter in Paragraph 1 ONLY, and to provide the client with advice, referral, accept or reject the matter for representation. All legal assistance will be provided within the guidelines of the Florida Rules of Professional Conduct. You will be notified if your case is rejected.

If your case is accepted for advice, referral or legal representation, CCLA:

3. Agrees that the client's matter will be kept in strict confidence, except that CCLA may be required to disclose the client's name and other confidential or non-confidential information to third parties who provide funds to CCLA. However, CCLA will not disclose individually identifiable health information protected by the Health Insurance Portability and Accountability Act ("HIPAA") without the client's express consent.

4. Will notify the client, and get the client's agreement to take any significant action regarding the case, for example : such as initiating/filing a case, settling the case or appearing before any administrative agency.

5. Client file:

- CCLA will maintain a copy of the client's file.
- CCLA will return any documents provided to CCLA upon client request; but when required, for example, bankruptcy original documents will be maintained.
- Client files will be maintained for 7 years from the date of closing. CCLA will provide the client with a copy of the file upon request.

6. Agrees to treat the client with dignity, courtesy and respect.

THE CLIENT:

7. Agrees that the information given to CCLA to establish eligibility for services is true and correct. The client understands that CCLA may not continue providing services if CCLA eligibility information is incorrect or if changes occur which make the client ineligible for services.

8. Agrees to:

- keep all appointments or promptly notify CCLA of the need to change an appointment;
- attend all court hearings;
- be truthful in giving information requested;
- provide all documents necessary for my case;
- tell CCLA if I no longer want to pursue my case/legal problem;
- promptly notify CCLA of any changes in my financial situation and understands that eligibility and representation may end if my household income or assets change;
- promptly notify CCLA of any changes in information about my case;
- promptly notify CCLA of any new developments in my case;
- promptly notify CCLA of any change in address or telephone number, and whether the information is to remain confidential;
- refrain from abusive language and conduct towards CCLA staff.

9. Agrees not to discuss the case with the opposing party, or opposing attorney, without first obtaining permission from the CCLA attorney handling the case.

10. Understands that if CCLA advances or guarantees the court costs and/or other litigation expenses, the client may be responsible to pay CCLA for these expenses. The client further understands that any court costs advanced by CCLA will first be deducted from any cash settlement obtained for the Client.

11. Agrees that if attorneys' fees are available to the winning party on any claim in the case, CCLA is entitled to ask the court to award CCLA reasonable attorneys' fees and costs from the opposing party, including fees for work done by a paralegal or law clerk.

- a. Understands that the IRS may consider attorneys' fees awarded to CCLA as taxable income for the client.
- b. Agrees that if attorneys' fees and costs are awarded by the court or if attorneys' fees are designated in a settlement agreement which Client approves, these fees and expenses shall belong entirely to CCLA.

12. Understands and agrees that, in some cases, the Client will make a settlement offer (or counter-offer) which includes both damages for the Client and attorneys' fees for CCLA. If the client accepts a counteroffer which does not specify the amount of damages and the amount for attorneys' fees, the Client agrees to attribute the same proportion of the settlement to attorneys' fees as the client's original offer.

13. Understands that CCLA may refer the client to a pro bono attorney to provide legal services to the client.

14. Understands that CCLA, as a condition of representation, may require the client to deposit rent, homeowner or condo fees or mortgage payments into our trust account while a case is pending. The client further understands that CCLA may seek to withdraw from representation if the client does not comply with this condition.

15. Understands that the client may terminate this agreement anytime by giving notice to the CCLA attorney handling the case. The client further understands that CCLA may terminate this agreement:

- if, at any time, the client's eligibility status changes,
- if CCLA is not able to communicate with the client,
- if the client does not comply with this retainer agreement,
- upon the client's death,
- if the client is abusing drugs/alcohol, or
- for any other reason as permitted by the Florida Rules of Professional Conduct.

16. Understands that the client has the right to file a formal grievance or complaint with CCLA if the client is not satisfied with how CCLA is handling the case. Copies of the Grievance Procedures are available in the CCLA office.

17. Understands that CCLA does not agree to help with any appeal to a higher court. An appeal will be considered by CCLA to be a new case, and will be reviewed for acceptance upon consideration of the client's continued financial eligibility for services, principles of law and fact involved in the appeal, merits of the client's particular case, office priorities, and program resources.

18. Understands that CCLA may be required to disclose certain information to its funding sources. The types of information currently subject to such disclosure are time records, eligibility records, the client's name, and the general nature of the problem.

19. Other: _____

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

Date

Signature [Relationship: Self/Parent/Guardian]

Date

CCLA Staff Member

**THE RETAINER AGREEMENT IS NOT EFFECTIVE UNLESS SIGNED BY AN
AUTHORIZED CCLA ATTORNEY.**

Florida Bar/Best August 2019



**RELEASE AND AUTHORIZATION
HIPPA COMPLIANT RELEASE**

Agency or Facility Name _____

You are hereby authorized and requested to disclose and give copies to Coast to Coast Legal Aid of South Florida (CCLA), or any of its duly authorized representatives, including _____, any and all records and information concerning the undersigned which you may have in your possession, including but not limited to the following:

Type of information to be released includes, but not limited to:

- Hospital records or records of physicians including psychiatric, psychological, social work, or medical diagnosis and/or treatment, interviews and history;
- Drug testing results and recommendations;
- All records relating to HIV and AIDS diagnosis and treatment;
- Personal information, including financial, commercial, business, interview notes, and tenant records;
- Educational records, including test and evaluation results, teachers' observations, grade and attendance reports, and disciplinary reports;
- Employment and income records;
- Financial account records and credit reports in my name solely or with other;
- Social Security Administration records;
- DCF records;
- Housing Authority Records; or
- Records related to: _____

1. I specifically authorize release of records dated after the date I sign this Authorization, as well as those dated prior to the date I sign this Authorization.

2. I understand that I have the right to review or request copies of the released material.

3. I hereby release the agent from any and all liability arising therefrom. I understand that any information disclosed to CCLA or its representatives, may be re-disclosed by CCLA as a part of assisting me with my legal matter, and, at such time, it may no longer be protected by federal confidentiality rules.

4. I understand that I have the right to refuse to sign this Authorization. However, refusal *may limit the services I can receive.*

5. I understand that I have the right to revoke this authorization by providing a written statement to CCLA. Unless otherwise revoked, this authorization is valid for one year or expires at such time as CCLA is no longer my authorized legal representative.

Date

Signature [Relationship: Self/Parent/Guardian]

Last 4 Social Security #

Print Name

DOB

Former Name, if any



- Coast to Coast Legal Aid of South Florida, Inc. (CCLA) advised me of agencies handling grievances regarding discrimination in the delivery of services to individuals with disabilities or limited English proficiency, including:

US Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights Section – NYAV
Washington, D.C. 20530-0001
(855) 856-1247
(800) 514-0716 (TTY)

The US Department of Health & Human Services
Office for Civil Rights Southeast Region
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, SW
Atlanta, GA 30303-8909
(800) 368-1019
(800) 537-7697 (TTY)

US Equal Employment Opportunity Commission
131 M Street, NE
Washington, D.C. 20507
(202) 663-4900
(202) 663-4494 (TTY)

Florida Department of Children & Families
Office of Civil Rights
1317 Winewood Boulevard, Building 1, Room 140
Tallahassee, FL 32399-0700
(850) 487-1901 (850) 921-9220 (TTY)

- CCLA advised me of the Courtesy Policy and provided a copy to me if I request a copy of it.
- CCLA advised me of their Client Rights and Responsibilities Policy and provided a copy to me if I requested a copy of it.
- CCLA advised me that although there is no charge for their legal services, CCLA gratefully accepts donations. If I would like to make a donation, I may make a check payable to Coast to Coast Legal Aid of South Florida. I will not be denied services or discriminated against in any manner if I decide not to make a donation to CCLA.
- Coast to Coast Legal Aid of South Florida, Inc. offers services to low income residents of Broward County, regardless of race, color, national origin, religion, sex, disability or age. The staff is committed to providing a welcoming, quiet, safe environment in which to utilize CCLA services.
- Coast to Coast Legal Aid of South Florida is an equal opportunity provider and employer. In accordance with federal law and U.S. Department of Justice policy, this organization is prohibited from discriminating on the basis of race, color, national origin, religion, sex, age, or disability. To file a complaint of discrimination, contact or write Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 or call 202-307-0690 (Voice) or 202-307-2027 (TDD/TTY). Individuals who are hearing impaired or have speech disabilities may also contact OCR through the Federal Relay Service at 800-877-8339 (TTY) or 877-877-8982 (Speech), or 800-845-6136 (Spanish). Or contact the Department of Legal Affairs, PL-01 The Capitol, Tallahassee, Florida, 32399, or call 850-414-3300.

Acknowledge receipt:

Signature

Date

August, 2019/FCADV/VOCA/ADRC

LEGAL CHECK-UP

NAME _____ SAFE PHONE NO. TO CONTACT YOU _____

PLEASE CHECK YES OR NO AFTER READING EACH QUESTION.

YOU MAY DESCRIBE ISSUES IN DETAIL ON THE BACK OF THE PAGE IF NECESSARY.

YES NO

INTIMATE PARTNER VIOLENCE/FAMILY LAW ISSUES

- Q1. Has your intimate partner physically harmed you, stalked you, or threatened to harm you?
- Q2. Do you feel you need a restraining order/injunction for protection to protect you from your intimate partner?
- Q3. Are you having trouble with the other parent of your child regarding sharing time?
- Q4. Do you want to file for divorce?
- Q5. Have you been served with a Petition for divorce or paternity?
- Q6. Do you need help enforcing a current family law order such as an injunction for protection, child support, or time-sharing?
- Q7. Would you like a referral for childcare?
- Q8. Would you like a referral to a certified domestic violence center for counseling, safety planning, and other services?

Other Family Law Issue: _____

HOUSING ISSUES

- Q1. Are you struggling or at risk of being unable to pay your mortgage payments, rent, condo or homeowner association payments, or to pay property taxes on your home?
- Q2. Would you like information regarding loan modifications of your home mortgage or available assistance with such payments.
- Q3. Do you need information about possibly terminating your lease early due to safety concerns?
- Q4. Has your landlord sent you any written notices terminating your tenancy, or threatened to evict you?
- Q5. Have you received a notice terminating your subsidized housing?
- Q6. Have you received a notice from a condominium association that your landlord is not paying condominium fees?
- Q7. Has your landlord turned off your utilities or locked you out of your home?
- Q8. Is your rental home in very bad condition (i.e. no water, no air conditioning, excessive mold)?
- Q9. Do you need assistance with Utilities Shut Off (FPL/Water/Gas)?
- Q10. Would you like to be informed via email or US Mail about public housing waitlists as they become available?

Other Housing Issue: _____

IMMIGRATION

- Q1. Are you a lawful permanent resident who is interested in becoming a U.S. citizen?
- Q2. Are you a victim of violence who needs assistance with your immigration status?

Other Immigration Issue: _____

BENEFITS/HEALTH

- Q1. Did you recently become unemployed and/or apply for unemployment compensation benefits?
- Q2. Do you have a disability for which you believe you are entitled to public benefits?
- Q3. Do you need assistance with Food Stamps?
- Q4. Do you need assistance with Medicaid/Medicare?
- Q5. Do you need assistance with SSI/Social Security Disability?
- Q6. Do you need assistance with TANF/Cash Assistance?
- Q7. Do you have health insurance? Yes No Do you need health insurance?

Other Benefits or Health Issue: _____

OTHER

- Q1. Do you need access to food?
- Q2. Do you need access to clothing?
- Q3. Do you need access to GED/Training/Technical Training/College/Certificate Courses?
- Q4. Is your child having any of the following problems in school: behavior, suspensions/expulsions, academic, in need of special services or special education?
- Q5. Do you need to apply for a driver's license or has your license been suspended?
- Q6. Do you have a Federal Income Tax problem with the IRS?
- Q7. Do you have a criminal case that you would like expunged from your record?
- Q8. Do you need a correction made to your credit report to remove wrongfully reported debt?
- Q9. Do you need any FEMA assistance related to recent hurricanes?

Other Civil Legal Issue: _____

Signature _____

Date _____