

**COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC., (“CCLA”) CONSENT  
AND NOTICE REGARDING ELECTRONIC COMMUNICATIONS  
 (“NOTICE”)**

**Please place your initials in the spaces provided to acknowledge you have read and that you understand the following disclosures.**

- 1. Electronic Signature Agreement.** I understand that by checking the “I Accept” box at the end of this page that I am agreeing to electronically signing all documents relating to my legal issue and for which I have engaged Coast to Coast Legal Aid of South Florida. I agree and understand that my electronic signature is the legal equivalent of my manual signature on documents, and I consent to be legally bound by this Notice, the subsequent terms and conditions and any attached documents. I further agree that my use of a keypad, mouse or other device used to agree, acknowledge and consent to the terms, disclosures or conditions, constitutes my signature (hereafter referred to as "E-Signature") as if actually signed by me in writing.
- 2. Electronic Signature Agreement cont.** I also agree that no other certification or third-party verification is necessary to validate my E-Signature and that the lack of such certification or third-party verification will not in any way affect the enforceability of my E-Signature or any resulting agreement between myself and CCLA.
- 3. Consent to Electronic Delivery.** I specifically agree to receive and/or obtain any and all CCLA related "Electronic Communications". The term "Electronic Communications" includes, but is not limited to, any and all current and future notices, retainers as well as such other documents, statements, third party authorization forms, records and any other communications regarding my file with CCLA.
- 4. Paper version of Electronic Communications.** To request a paper copy of the Electronic Communication you may contact us at 954-736-2400. If you do not wish to sign these documents electronically contact us at the number provided and let the intake paralegal know that you wish to sign the documents in ink.
- 5. Revocation of Electronic Delivery.** You have the right to withdraw your consent to receive/obtain Electronic Communications from CCLA.
- 6. Revocation of Electronic Signature.** You have the right to revoke your consent to the use of your electronic signature. Revocation must be made in writing.
- 7.** I agree to CCLA’s use of electronic translation/interpretation to assist me with my case, including, but not limited to communications between me and CCLA (letters and emails) and evidence to be used for my case. CCLA may send words through a translation program to translate them for me. Translations of any materials into languages other than English are intended solely as a convenience to me. CCLA may attempt to provide an accurate translation of the original material in English, but due to the nuances in translating to a foreign language, I understand that slight differences may exist. If any questions arise concerning the accuracy of the information presented by the translated version, I should refer to the English version, which I understand is the official version. As much as possible, CCLA will not send any personally identifiable information (name, email address, address, phone number) through such programs.

**To accept and sign the attached document(s), and any future documents, indicate your consent to the terms and conditions of this Agreement by checking the "I Accept" box.**

**I Accept**

It is recommended that you print a copy of this Agreement for future reference.



## U.S. CITIZENSHIP ATTESTATION FORM

Please check the appropriate box

Por favor, marque la casilla correspondiente

Tanpri tcheke bwat ki apwopriye a

I am a citizen of the United States.

Yo soy ciudadano de los Estados Unidos de America.

Mwen se yon sitwayen ameriken.

---

Client Signature/Firma de cliente/ Siyati Kliyan

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Dated/Fecha/Dat:



- 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:

<p><i>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)</i></p>	<p><i>US Equal Employment Opportunity Commission 131 M Street, NE Washington, D.C. 20507 (202) 663-4900 (202) 663-4494 (TTY)</i></p>
<p><i>The US Department of Health &amp; 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)</i></p>	<p><i>Florida Department of Children &amp; Families Office of Civil Rights 1317 Winewood Boulevard, Building 1, Room 140 Tallahassee, FL 32399-0700 (850) 487-1901 (850) 921-9220 (TTY)</i></p>

- CCLA advised me they have a Courtesy Policy and will provide me a copy if I request it.
- CCLA advised me they have a Client Rights and Responsibilities Policy and will provide me a copy if I request it.
- CCLA advised me that although there is no charge for their legal services, CCLA gratefully accepts donations. If I would like to donate, 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 donate 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/TYY}. 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

# LEGAL CHECK-UP

NAME: \_\_\_\_\_

SAFE PHONE# 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

## FAMILY LAW ISSUES: INTIMATE PARTNER VIOLENCE

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

YES/NO

## HOUSING ISSUES

	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?
	Would you like information regarding loan modifications of your home mortgage or available assistance with such payments?
	Do you need information about possibly terminating your lease early due to safety concerns?
	Has your landlord sent you any written notices terminating your tenancy, or threatened to evict you?
	Have you received a notice terminating your subsidized housing?
	Have you received a notice from a condominium association that your landlord is not paying condominium fees?
	Has your landlord turned off your utilities or locked you out of your home?
	Is your rental home in very bad condition (i.e. no water, no air conditioning, excessive mold)?
	Do you need assistance with Utilities Shut Off (FPL/Water/Gas)?
	Would you like to be informed via email or US Mail about public housing waitlists as they become available?

YES/NO

## IMMIGRATION

YES/NO

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

## BENEFITS/HEALTH

YES/NO

	Did you recently become unemployed and/or apply for unemployment compensation benefits?
	Do you have a disability for which you believe you are entitled to public benefits?
	Do you need assistance with Food Stamps?
	Do you need assistance with Medicaid/Medicare?
	Do you need assistance with SSI/Social Security Disability?
	Do you need assistance with TANF/Cash Assistance?
	Do you have health insurance?
	Do you need health insurance?

## OTHER ISSUES

YES/NO

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



**APPLICANTS FOR FAMILY LAW SERVICES MUST FIRST ANSWER THESE QUESTIONS ABOUT THE NEW OR ONGOING FAMILY LAW MATTER:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Are you the victim of domestic/dating/stalking or intimate partner violence? YES NO

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

\_\_\_\_\_

3. Are you the victim of any other crime? YES NO

4. If yes, please explain: \_\_\_\_\_

5. Do you need one, or do you already have a restraining order/injunction for protection to protect you from the opposing party? YES NO

6. If yes, please explain: \_\_\_\_\_

7. Do you want legal representation for an upcoming hearing on Injunction/Restraining Order?

YES NO

8. If yes, did you file for the Injunction? YES NO, I am the Respondent

9. Has the opposing party physically harmed you, stalked you, or threatened to harm you?

YES NO

10. Have you been served with family law legal papers? YES NO

11. If yes, what is the type of action were you served with?

DIVORCE PATERNITY INJUNCTION

12. Is this a new case, or has it been going on for a while? NEW ONGOING

13. If you weren't served yet, what type of action do you want to file?

DIVORCE PATERNITY INJUNCTION

**Coast to Coast Legal Aid of South Florida, Inc. is an equal opportunity provider and employer.**

**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: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (last 4)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_

PRIMARY LANGUAGE: ENGLISH SPANISH CREOLE RUSSIAN PORTUGUESE

OTHER (State language) \_\_\_\_\_

Do you need an interpreter? YES NO

ADDRESS: \_\_\_\_\_

Is this a SAFE address to contact you? YES NO

Is this address CONFIDENTIAL? YES NO

SAFE 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: \_\_\_\_\_

Are these SAFE phone numbers to call you? YES NO Is it safe to text you? YES NO

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

# OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_ # OF CHILDREN (UNDER 18): \_\_\_\_\_

DO YOU WORK? YES NO

Where do you work? \_\_\_\_\_

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)

**WHAT TYPE OF LEGAL ASSISTANCE DO YOU THINK YOU NEED?**

Financial Exploitation

Immigration/Naturalization

Healthcare Issues

Foreclosure/Eviction

Credit Card Debt/Garnishment

Divorce/Custody/Paternity

Unemployment

SNAP (Food Stamps)

Medicaid

SSI/SSDI

Human Trafficking

Medicare

Enforcement of Civil Rights as a Victim in a Criminal Case

Injunction for Protection/Restraining order

Human Trafficking Expungement

**CITIZENSHIP STATUS:**

Citizen

Permanent Resident

Not a Citizen

Permanent Resident Card #: \_\_\_\_\_

Date of Issue: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please select the option that best describes you:**

Authorized for Employment

Immigrant

Refugee

Asylum Seeker

**ASSETS: Check and complete all that apply. Include current balances.**

CHECKING ACCT BALANCE \$ \_\_\_\_\_ SAVINGS ACCT BALANCE \$ \_\_\_\_\_

CAR/MOTORCYCLE \$ \_\_\_\_\_ LOAN BALANCE \$ \_\_\_\_\_

HOME VALUE \$ \_\_\_\_\_ MORTGAGE LOAN BALANCE \$ \_\_\_\_\_

JEWELRY VALUE \$ \_\_\_\_\_ OTHER REAL ESTATE BALANCE \$ \_\_\_\_\_

OTHER ASSETS VALUE \$ \_\_\_\_\_

Do you think your income will change significantly in the future?

YES

NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

TYPE OF INCOME	Amount	Frequency
Your GROSS salary or self-employment income (before taxes or deductions are taken out)		
Child Support		
Alimony		
Unemployment Compensation		
Workers' Compensation		
Social Security Retirement		
Social Security Disability		
Veteran's Benefits		
Pension		
SNAP (Food Stamps)		
TANF (Cash Assistance)		
Other Income (including ongoing (regular) contributions from family, friends, cash gifts)		
Other Household Members' GROSS Income		

**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 If so, which one? \_\_\_\_\_

My Doctor                      Urgent Care

Clinic/Family Health Center/Family Health Clinic

If so, which one? \_\_\_\_\_

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

YES                      NO



**DEMOGRAPHICS: This section is used for reporting purposes only.**

Reports are presented with only demographic information and absolutely no client identifiers.  
This information will not be used to determine your eligibility for services or the level of service you receive.

**RACE:**            Black or African American            White            American Indian or Alaska Native  
                         Asian            Native Hawaiian or Pacific Islander  
                         Unknown or Declined to Answer            Other:

**MULTIRACIAL:**            YES            NO

**MINORITY:**            Minority            Not a Minority

**ETHNICITY (Non-HUD):**            Hispanic or Latino Origin            Not of Hispanic of Latino Origin  
                         Unknown or Declined to Answer

**MARITAL STATUS:**            Married            Divorced            Separated  
                         Single            Unknown            Widowed

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

**GENDER IDENTITY:** *Check all that apply.*

Male            Transgender M to F  
Female            Transgender F to M  
Questioning            Prefer Not to Answer  
Gender Nonconforming            Other

**SEXUAL ORIENTATION:** *Check all that apply.*

Heterosexual            Lesbian            Prefer not to say  
Gay            Transgender  
Bisexual            Other

**DISABLED:**            YES            NO

**BLIND/VISUALLY IMPAIRED:**            YES            NO

**DEAF/HARD-OF-HEARING:**            YES            NO

**HIV+/AIDS:**            YES            NO            (If Yes, this may qualify you for additional services)

Prefer not to say

(If Yes, this may qualify you for additional services)

**HOMELESS:**            YES            NO

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

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, demographic information, 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: \_\_\_\_\_

## Family Law Questionnaire

**YOU MUST ANSWER EVERY QUESTION COMPLETELY**

Your Name: \_\_\_\_\_

Primary language \_\_\_\_\_ English Proficient?      YES      NO

Do you need an interpreter?      YES      NO

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 \_\_\_\_\_

Have you or the opposing party been represented by CCLA/Legal Aid before?      YES      NO

Have you received any legal papers?      YES      NO

If yes, what is the exact date you received 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

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

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 party's? YES NO

What is the name of the child(ren)'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

If yes, explain \_\_\_\_\_

Has the other parent given you child support? YES NO

Voluntarily? YES NO Court ordered? YES NO

How much child support (\$) and frequency (weekly/monthly) \_\_\_\_\_

Do you currently have a business? YES NO

If yes, what type of business? \_\_\_\_\_

How much do you earn from that business? \_\_\_\_\_ per month year.

Does the opposing party own a business or did they ever own a business? YES NO

If yes, what type of business? \_\_\_\_\_

How much does the opposing party earn from that business? \_\_\_\_\_ per month year.

Do you pay for your own health insurance? YES NO \$ \_\_\_\_\_ bi-weekly monthly

Do you pay for your child(ren)'s health insurance? YES NO \$ \_\_\_\_\_ bi-weekly monthly

Do you pay day/aftercare for your child(ren)? YES NO \$ \_\_\_\_\_ weekly bi-weekly monthly

**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? (e.g., cars) \_\_\_\_\_

Retirement/Pension/401(k)?                      YES                      NO      If yes, describe \_\_\_\_\_

Stocks/Bonds/Trusts?                      YES                      NO      If yes, describe \_\_\_\_\_

Do either of 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 \_\_\_\_\_

**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 that 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 \_\_\_\_\_

\_\_\_\_\_

**Domestic/Dating/Sexual/Stalking Violence (Cont'd)**

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

Were there witnesses?                    YES                    NO      Do you have any police report(s)?                    YES                    NO

Was anyone arrested?                    YES                    NO      If yes, who \_\_\_\_\_

Were photographs or video taken?                    YES                    NO

Have you ever been arrested, charged with a crime, or detained by law enforcement, anytime, anywhere?

YES                    NO

If yes, explain \_\_\_\_\_

Is there, or has there ever been a restraining order against you?                    YES                    NO

If yes, explain \_\_\_\_\_

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

If yes, 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

If yes, explain \_\_\_\_\_

Does the opposing party abuse drugs or alcohol?                    YES                    NO

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

**Domestic/Dating/Sexual/Stalking Violence (Cont'd)**

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

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**You MUST provide SAFE Contact Information So We Can Reach You**

Mailing Address \_\_\_\_\_

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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 address \_\_\_\_\_

Does the opposing person know this email address?                      YES                      NO

Many times, the Court will request a mailing address and/or email address to send court documents directly to you.

**If it is disclosed to the Court, the opposing party may also have access to this information.**

May we disclose the above mailing address to the court?                      YES                      NO

May we disclose the above email address to the court?                      YES                      NO

If no, please create an email address for the purposes of court communications and provide it here:

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**You will be responsible for checking your email account(s) regularly.**

**If you do not provide a mailing address and/or email address, the Court may require your confidential address(es) to be disclosed. If you need information on the State of Florida's Address Confidentiality Program, please contact your advocate (Women in Distress, Law Enforcement, NJCC, State Attorney's Office) or let your attorney and paralegal know immediately.**

**I have answered all of the above questions thoroughly and truthfully. I may continue my answers on the back of the page or attach an additional page.** 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 or legal advice 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 regarding this matter. If CCLA does agree to accept my case, I will be notified of that fact, and will sign an additional Retainer Agreement.

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Applicant Signature

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Date

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Applicant's Printed Name

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Date