STUDENT LEGAL SERVICES – Application for Services

All information is confidential and will only be discussed specifically when attempting to resolve your problem.

Date: _____ **PID:** _____

Hours currently enrolled: _____ Confirmation (staff use) _____

Name: _____
(Print Clearly) First Middle Last

Current Address: _____
Street Bldg/Apt.#

_____
City State Zip Code

Permanent Address: _____
(if different from above) Street Bldg/Apt.#

_____
City State Zip Code

Phone: _____
Cell Home

Email: _____

Driver's License #: _____ **Date of Birth:** _____

Which Best Describes You? ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Graduate Student

Country of Citizenship?_____

Which Campus(es) Do You Attend? (✓ all that apply):

☐Main	☐Altamonte Springs	☐Ocala	☐Valencia/Osceola
☐Rosen	☐Cocoa	☐Palm Bay	☐Valencia West
☐Downtown Orlando	☐Daytona Beach	☐Sanford/Lake Mary	
☐Medical	☐Leesburg	☐South Lake	

How Did You Hear About This Service? (✓ one):

☐Online search	☐Friend/Roommate	☐Other UCF Department (specify)
☐Email	☐Professor	_____
☐Orientation	☐Student government	
☐Past usage	☐Walk-by/Walk-in	☐Other _____

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Please select the reason for your current appointment (✓ one):

☐Apartment Complex	☐Auto Accident	☐Employment	☐Name Change
☐Private Landlord	☐Consumer	☐Family Law	☐Other
☐Criminal	☐Small Claims	☐Record Seal/Expunge	_____
☐Traffic Ticket	☐Will	☐Bankruptcy	

Explain your issue briefly (provide events in the order in which they happened, names, addresses, and dates):

Did you bring any documentation regarding your issue? ☐Yes *(Please provide to front desk staff)* ☐No

Name of Opposing Party (if applicable):_____
(staff use only) Opposing Party confirmation: ☐*Not on list* ☐*On list, file given to Attorney*

Will you be pursuing or defending an action against another UCF Student? ☐Yes ☐No

Are you required to appear in Court: ☐Yes *(Please provide information below)* ☐No

County: _____ Court Date: _____ Time: _____

What type of outcome are you hoping to get as a result of your attorney conference?

Have you previously met with a UCF Student Legal Services attorney regarding a legal matter? ☐Yes ☐No
If "Yes," when and for what purpose?

UCF STUDENT LEGAL SERVICES RETAINER

I, _____, retain UCF Student Legal Services (SLS) and its Attorneys to evaluate and advise me about the following matter:_____

PLEASE INITIAL EACH OF THE FOLLOWING.

_____ 1. **Eligibility**. SLS seeks to provide eligible students with legal services in matters affecting their welfare. Students must be enrolled and have paid the Activity and Service Fee to receive services.

_____ 2. **Scope of Representation**. Cases will be considered on an individual basis and will be excluded if, in the opinion of the Attorney, they are unreasonable, unnecessary, exceed the scope of the SLS program or are otherwise unadvisable. By signing this agreement, I understand that SLS has not accepted my case for any purpose or activity beyond the evaluation and advice or limited service necessary to quickly resolve my matter.

_____ 3. **Confidentiality**. SLS Attorneys and Staff will not communicate with other individuals regarding my matter unless I authorize SLS to do so or SLS deems it necessary in accordance with the Florida Bar's Rules of Professionalism. Should I desire for a third party (such as a parent) to be present with me during any consultation, I will be required to sign an Informed Consent Form. The presence of a non-party at a consultation voids Attorney-Client privilege, meaning that SLS Attorneys and Staff will still keep my matter confidential, but could be compelled to testify regarding our consultation.

_____ 4. **Expectations**. I understand that SLS has certain client expectations, and if I fail to meet any of these, SLS may close my case and not reopen it. These include:

_____ A. *Cooperation.* I agree to fully cooperate with SLS, including but not limited to full truthful disclosure of all facts pertaining to my matter, providing requested information or documents in a timely manner and responding to phone messages and email.

_____ B. *Updated Information*. I will provide SLS with any and all new addresses and telephone numbers and keep my attorney updated as to any material changes in my matter while my file is open.

_____ C. *Failure to Follow Advice*. I understand that failure to follow Attorney advice may frustrate SLS's efforts to assist me in my matter and result in a situation where SLS is no longer able to effectively provide representation and/or counsel.

_____ 5. **Fees**. SLS's services are free. However, payment of court costs, fees incidental to litigation, fines, penalties or amounts of any judgments entered against me are my responsibility. Depending on the kind of matter, SLS may request that I deposit monies into its Trust Account to cover costs. Any money deposited into SLS's Trust Account that is not expended will become refundable at the conclusion of my case.

_____ 6. **Outcome**. I understand that SLS and its Attorneys cannot make any guarantees about the outcome of my matter and any resulting or potential litigation.

_____ 7. **Timing**. I understand that the legal process does not always move quickly and that some matters can take several months to resolve. I will address any questions or concerns to my Attorney.

_____ 8. **File Retention**. I understand that SLS will destroy the physical copy of my file 90 days after my file is closed, unless Florida or U.S. Laws or Rules demand otherwise. After 90 days, I may not be able to obtain originals, but an electronic, scanned file will be retained in accordance with the Rules of the Florida Bar. Reasonable attempts will be made to return all originals to me at the time my file is closed.

_____

Signature (Date)

_____

Print Name