

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:** _____

Country of Citizenship? _____

Which Best Describes You? Freshman Sophomore Junior Senior Graduate Student
 Medical Doctoral Intensive English Program

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

<input type="checkbox"/> Online search	<input type="checkbox"/> Friend/Roommate	<input type="checkbox"/> Other UCF Department (specify)
<input type="checkbox"/> Email	<input type="checkbox"/> Professor	_____
<input type="checkbox"/> Orientation	<input type="checkbox"/> Student Government	
<input type="checkbox"/> Past usage	<input type="checkbox"/> Walk-by/Walk-in	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> Apartment Complex	<input type="checkbox"/> Auto Accident	<input type="checkbox"/> Employment	<input type="checkbox"/> Name Change
<input type="checkbox"/> Private Landlord	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Law	<input type="checkbox"/> Other _____
<input type="checkbox"/> Criminal	<input type="checkbox"/> Small Claims	<input type="checkbox"/> Record Seal/Expunge	_____
<input type="checkbox"/> Traffic Ticket	<input type="checkbox"/> Will	<input type="checkbox"/> Bankruptcy	_____

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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? _____

Well-Being Survey

Prior to coming to Student Legal Services, my legal issue was causing me stress that affected my studies.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

Without legal help from Student Legal Services, I would consider leaving school.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

Staff Use: Qualtrics Data Entry

Staff Name _____

Date _____

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Demographics Survey - 2018-2019

Please provide the information requested by checking the box(es) next to the appropriate answer(s) or filling the blank for each question.

Please note that your identity regarding information provided will not be disclosed to 3rd parties; this information is kept for statistical purposes only. If you have any questions or concerns, please ask the receptionist. Thank you.

What is your race/ethnicity? (select all that apply)

- Asian
- African American/Black
- Afro-Caribbean
- Hispanic
- Multiracial
- Native American
- White
- Unknown
- Other (please specify) _____

How do you identify?

- Woman
- Man
- Transgender
- Gender non-binary
- Other (please specify) _____

Are you an international student?

- Yes
- No

Are you an out-of-state student?

- Yes
- No

Are you a veteran of the United States military service?

- Yes
- No

Are you a first-generation student?

- Yes
- No

Are you a Federal Pell Grant recipient?

- Yes
- No

Staff Use: Qualtrics Data Entry

Staff Name _____

Date _____

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 after my file is closed, unless Florida or U.S. Laws or Rules demand otherwise. After, 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