



**STUDENT LEGAL SERVICES - Application for Services**

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

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

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

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

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**Have you previously met with a UCF Student Legal Services attorney regarding a legal matter?**

Yes  No

If "Yes," when and for what purpose? \_\_\_\_\_

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Consultation Survey

How would you prefer to conduct consultations with an attorney?

- By Phone Consultation
- On-line using ZOOM
- In-Person

**Staff Use: Qualtrics Data Entry**

Staff Name \_\_\_\_\_

Date \_\_\_\_\_

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**Demographics Survey**

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 3<sup>rd</sup> 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

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Survey

Are you planning to complete your degree in four years inclusive of time spent at another institution?

- Yes
- No
- Unsure

If you didn't answer yes, why not?

- Inability to get classes.
- Grades
- Financial
- Other

OTHER (specify): \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Use: Qualtrics Data Entry

Staff Name \_\_\_\_\_

Date \_\_\_\_\_