

ACLU of West Virginia Intake Questionnaire

Please fill out this form as completely as possible and return it to: mail@acluwv.org or mail it to ACLU of West Virginia, P O Box 3952 Charleston, WV 25339-3952. If we need information in addition to what is on this form, we will contact you. We will respond as quickly as possible.

However, please be aware that due to the number of requests for assistance we receive, we are able to accept only a small percentage of cases. **You must understand that unless and until the ACLU agrees to take your case, you are solely responsible for any and all statutes of limitations or other deadlines which might apply to your specific situation. If you have concerns about statutes of limitations or if you feel your case demands immediate attention, you may wish to seek advice from an attorney.**

DO NOT ENCLOSE ANY ORIGINAL DOCUMENTS WITH THIS FORM. Because of the volume of requests we receive, we cannot return any material that you submit to us with your intake questionnaire.

PLEASE READ "HOW THE ACLU OF WV ACCEPTS CASES" BEFORE FILLING OUT THIS FORM

Name

Address

City

State

Zip Code

Home Telephone

Alternate Telephone

What is the nature of the complaint? Please be brief, but give details such as when and where the problem occurred. Be sure to include dates and specific information regarding the names of all people, government agencies, etc. with whom you have a complaint.

Please describe any attempts you have made to resolve this problem. Include names of individuals/agencies and dates, and give a brief description of each result.

If you are represented by an attorney in this matter, indicate the attorney's name and telephone number

What kind of help do you want from the ACLU?

If you have documents which you believe may help us evaluate your complaint, please describe briefly what these documents are. We will call you if we want to obtain a copy of the documents: DO NOT ATTACH THEM TO THIS FORM. We do not open attachments with complaints.

Where we might deem it appropriate or helpful, do we have your permission to contact authorities or other persons regarding your complaint? ☐ May we use your name? ☐

Is there anyone you would ask us not to contact? ☐ If yes, enter name(s) below:

Electronic file, please type name here /s/

Print and mail, please sign here