



Victim Advocacy / Family Law Services Confidential Client Intake Form

Name: Male [ ] Female [ ] Date of Birth: \_\_\_/\_\_\_/\_\_\_ Street City State Zip TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

Contact Phone: ( ) Email: Please provide us with an alternative number where we can reach you, if needed.

Have you been here before? [ ] yes [ ] no When? How did you hear about us?

Alaska Native [ ] American Indian [ ] Tribe: Regional Corporation:

Annual Income: [ ] \$5,000 - \$15,000 [ ] \$16,000 - \$25,000 [ ] \$26,000 - \$35,000 [ ] \$35,000 + Public Assistance: [ ] food stamps [ ] TANF

Are you currently represented by an attorney? [ ] yes [ ] no Have you contacted or consulted with an attorney? [ ] yes [ ] no

Name of opposing party: First \_\_\_ MI \_\_\_ Last \_\_\_ Date of Birth of opposing party? \_\_\_/\_\_\_/\_\_\_

Domestic Violence/Sexual Assault Victim Advocacy Services: Have you ever been physically, emotionally, verbally or sexually abused by the above-named opposing party? [ ] yes [ ] no Are you currently safe? [ ] yes [ ] no Are you seeking legal services because you were sexually assaulted by a stranger (meaning someone who is not a romantic partner or family member)? [ ] yes [ ] no Are you the parent of a child who has been physically or sexually abused by the opposing party? [ ] yes [ ] no Family Law Services: Please check all that apply [ ] Domestic Violence Protective Order [ ] I need one [ ] I already have one [ ] Sexual Assault Protective Order [ ] I need one [ ] I already have one [ ] Child Custody [ ] New Case [ ] Modification > Is there OCS involvement? [ ] yes [ ] no [ ] Divorce or Dissolution [ ] New Case [ ] Ongoing [ ] Grandparent custody Please list the date and time of any upcoming court hearings: \_\_\_\_\_

Other / Comments (Include any urgent circumstances relating to your current situation):

Empty lines for additional comments.

Please See Reverse Side

## **STATEMENT OF UNDERSTANDING**

1. I understand that **ANJC** may, but is not required, to provide me with pro-se (self-help) services with civil legal matters.
2. I understand that the Family Law Advocate is not an attorney and will not be able to provide me with legal advice. If I am deemed eligible for services, the Advocate will be able to provide me with support, information, and assistance with civil legal matters.
3. I understand that completing this Intake Form does not create or form an attorney-client relationship or otherwise require ANJC or any employee, representative or agent of ANJC to represent me in any legal matter. I also understand that **ANJC** will not provide me with legal representation until and unless I separately apply for and am approved to receive representation/attorney services. I further understand that my application for such services is subject to screening by ANJC, and that ANJC has sole discretion in making any determination as to my eligibility for legal representation or advocacy services and as to whether it will accept or deny my application for such services.
4. I understand that in certain circumstances, the opposing party to my case may have already been or may be deemed in the future to be eligible for and receive legal representation services from **ANJC**. Therefore, completion of this Intake Form alone will not *per se* bar or prevent ANJC from providing such representation to the opposing party.
5. I understand that all information revealed to **ANJC** staff is strictly confidential and will be released only upon my signing the **ANJC** Release of Information form, except as follows:
  - In the case of suspected child abuse or neglect, where **ANJC** is mandated by law to report to the Office of Children’s Services (OCS);
  - In the case of suspected abuse or neglect of a vulnerable adult, where **ANJC** is mandated by law to report to Adult Protective Services (APS);
  - If there is reason to believe that a person is in immediate danger of harming her/himself or another person, law enforcement will be notified immediately;
  - In the event of a medical emergency, necessary information will be provided for purposes of needed medical treatment;
  - In the event ANJC receives a court order for a confidential client file.
6. I agree to maintain the confidentiality of any other person/s receiving services at **ANJC**.

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**ANJC** has the right to refuse or terminate client services within its sole and complete discretion, except as required by applicable law or regulations.

*I agree to hold harmless and indemnify the **Alaska Native Justice Center** and its representatives, employees, members, officers and directors against any loss, damage, injury, or claim that may arise in connection with my application for services and/or any acts performed by ANJC in connection thereto or otherwise on my behalf, including but not limited to consultation, technical advice, counseling, referrals, or other related activities.*

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**Client Signature**

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**Date**

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**ANJC Signature**

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**Date**

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**ANJC**