

STUDENT LEGAL SERVICES – Application for Services

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

Date: _____	
How many hours are you currently enrolled at UCF? _____	PID _____
<i>Enrollment confirmation: (staff initials)</i> _____	

<input type="checkbox"/> Male <input type="checkbox"/> Female			
NAME: _____			
(Print Clearly)	First	Middle	Last
ADDRESS: _____			
(Orlando/local residence)	Street		Bldg/Apt.#
City		State	Zip Code
PHONE: _____			
	Cell / Home		Work
EMAIL: _____			
Drivers License # _____		DOB: _____	

Permanent Residence: _____		
	Street Address	Apt #
City	State	Zip
Permanent Phone #: _____		

Explain your problem briefly , giving events in the order in which they happened, giving names, addresses, and dates. _____		

Are you required to appear in Court: <input type="checkbox"/> No <input type="checkbox"/> Yes		
County: _____	Date: _____	Time: _____
Will you be pursuing or defending an action against another UCF Student?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Name of other UCF Student: _____		

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Nature Of Your Problem: (✓one) Landlord/Tenant- Apartment Complex Private Landlord

Criminal Traffic Ticket Auto Accident Consumer Small Claims Will Name Change

Uncontested Dissolution (Divorce) Bankruptcy

Other (explain) _____

Did you bring any documentation regarding your issue? Yes No

Name of Opposing Party: _____

(staff initials) Opposing Party confirmation: Not on list On list, file given to Attorney

Have you used our service before? No Yes

When? _____

What Reason? _____

Freshman Sophomore Junior Senior Graduate Other _____

Which Campus Do You Attend: Main Downtown Orlando Rosen Medical

Regional: Cocoa Daytona Heathrow Leesburg Ocala Palm Bay Sanford/Lk Mary

South Lake/Clermont South Orlando Valencia/Osceola Valencia West

How Did You Hear About This Service? (Explain) or (✓ Box)

Website-Student Legal Services Past usage Friend Roommate Orientation Professor

Victim Svcs International Svcs Student Government The Future Newspaper

Regional Campus Website

PLEASE READ CAREFULLY AND SIGN

UCF Student Legal Services seeks to provide eligible students with legal services in matters affecting their welfare as students. Cases will be considered on an individual basis and will be excluded if, in the opinion of the attorney, they are unreasonable or unnecessary.

Although the services of the program are free, it will not cover the payment of court costs, fees incidental to litigation, fines, penalties, or amounts of any judgments awarded against the student.

Any money which you deposit in our Trust Account that is not expended will become refundable at the conclusion of your case. If the refund check is not cashed within 6 months of issue, the monies shall become property of Student Legal Services.

I HAVE READ AND UNDERSTAND THIS PARAGRAPH.

SIGNATURE: _____

DATE: _____

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STUDENT LEGAL SERVICES RETAINER

I, _____, retain STUDENT LEGAL SERVICES (SLS) and its Attorneys to evaluate and advise me about the following matter: _____

I understand that any information I give to SLS is confidential and will not be released to anyone outside this office.

I understand that advice and representation is limited to eligible Students, and that SLS Attorneys and Staff will not communicate with other individuals regarding my problem unless SLS determines it to be necessary. Should I desire for a third party (such as a roommate, girlfriend/boyfriend or parent) to be present with me during any consultation with the SLS Attorney, I will be required to sign an Informed Consent form. By signing this Informed Consent form, I am waiving the Attorney-Client privilege between the SLS Attorney and me, and any matters discussed by the SLS Attorney and me will not be confidential.

I understand that if I meet SLS program eligibility requirements as approved by the Florida Bar, assistance may include limited service, other than litigation, performed by SLS attorneys or staff necessary to evaluate or to try to quickly resolve my problem. I understand that the signing of this agreement by SLS does not mean that my case has been accepted by SLS for any purpose or activity beyond the evaluation and advice or limited service necessary to try to quickly resolve it.

I also understand that this does not mean that SLS will represent me in any further legal matter unless SLS agrees and a separate, more detailed, retainer is signed by both SLS and me.

I understand that I will not be required to pay an attorney fee to SLS for this assistance.

DATE

CLIENT

SLS Attorney

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WHAT TYPE OF OUTCOME ARE YOU HOPING TO GET AS A RESULT OF YOUR ATTORNEY CONFERENCE?
