



V or NV

Client name: _____ Age: _____ Gender: M/F/_____

Date : _____ City/County of residence: _____ **1st Time or Returning**

Phone: _____ Email: _____ Can we: Text Call Email

(Circle all that apply)

Number of people in your household for whom you are financially responsible (spouse, minor children): _____

| | Name | Relationship | DOB | | Name | Relationship | DOB |
|---|------|--------------|-----|---|------|--------------|-----|
| 1 | | | | 5 | | | |
| 2 | | | | 6 | | | |
| 3 | | | | 7 | | | |
| 4 | | | | 8 | | | |

Total amount of household gross monthly income including child support and disability: _____

List all sources of income: _____

Ethnicity:

- | | | |
|---|--|---|
| <input type="checkbox"/> Native American/ Alaskan Native | <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White (non-Latino) | <input type="checkbox"/> Multiple races |
| | <input type="checkbox"/> Hispanic/ Latino | <input type="checkbox"/> Other race |

Opposing Party: _____

Terms of Clinic

I certify that everything on this form is true. I understand and agree to the following:

1. This is a free online legal clinic sponsored by Timpanogos Legal Center (TLC). TLC is a nonprofit that helps low income people with certain civil legal problems. TLC has limited funding and cannot help everyone. TLC has the right to deny help to any person.
2. The advocates at this clinic can only give me general information and advice about the court system and my problem. If the advocates do not know the laws related to my problem, they may not be able to give me any advice. The advocates are limited in what they can tell me if I do not give them copies of court documents or do not tell them all of the facts.
3. **TLC is not representing me.** Receiving help at this clinic does not create an ongoing attorney-client relationship between me and TLC even if I return to TLC clinics on multiple occasions. I waive any conflicts of interest and conflicts that have occurred or that may come up in the future. This means that TLC attorneys or volunteers may represent or give advice to a party that opposes me in this or another case. I understand that my opposing party may have come to a TLC clinic before, or may come in the future, and I understand that by signing this agreement I waive any conflict.
4. Attorneys have a duty to report: 1) if I plan to hurt myself or someone else; 2. If I reveal that I am involved in an ongoing crime; 3. If I disclose that I have abused a minor child or vulnerable adult. If I tell an attorney that I have knowledge of abuse of a minor child or vulnerable adult and I have not and will not disclosed it to the proper authorities, the attorney may need to report it.
5. TLC may refer me to other agencies or attorneys for help. TLC cannot guarantee that those agencies or attorneys will be able to help me. If the attorneys or agencies charge a fee for services, I understand it is my responsibility to pay.
6. I give permission for TLC attorneys and volunteers to communicate with other professionals involved with the clinic about my case.
7. I understand it is possible that paperwork kept on my case may be reviewed by the Office of Crime Victims or their supervisors to ensure compliance with federal and state regulations.
8. I give permission for my paperwork and contact information to be scanned and emailed between myself, the employees of the Family Justice Center, the volunteers of both agencies, and TLC, although I understand that email is not encrypted.
9. I agree to the use of Zoom as the technology used for this online interview.

Signature: _____

Date: _____

Updated 2/20 (green form)

Domestic Violence Screening Questions

Client's name: _____

TLC attorneys are trained to address issues of domestic violence in your divorce or custody case. Domestic violence can include a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. It is important that we understand the nature of what happened in your relationship so that we can make you aware of all of the protections that are available to you under the law as well as refer you to other types of services that might benefit you and your family if you have been a victim of violence.

Please **circle** any of the following that have taken place during your relationship

| My partner's behavior caused me to feel: | My partner used physical force including: | My partner controlled me by: | My partner threatened: |
|--|---|--|--|
| Intimidated | Hitting | Denying access to a phone | To take away our kids |
| Humiliated | Shoving/Pushing | Denying access to medical care | That I would never see the kids again |
| Manipulated | Pulling hair | Controlling money/finances | To hurt the kids |
| Isolated | Biting | Calling me names and belittling me | To hurt me |
| Frightened | Strangulation/Choking | Limiting contact with friends & family | To damage my reputation |
| Terrorized | Restraining | Taking or destroying items of significance | To get me fired |
| Coerced | Kicking | Controlling what I did | To hurt or take away a pet <input type="checkbox"/> Check if carried out threat |
| Blamed | Taking away or disabling a phone | Controlling where I could go | To leave me with no financial support |
| Hurt | Grabbing | Controlling what I ate | To take the children out of the country |
| Threatened | Scratching | Controlling what I could say | To hurt someone I love |
| Helpless | Locking me in a room or binding me so I could not leave | Limiting my ability to work | To rape me |
| Injured | Forcing sexual relations | Controlling who I associate with | To kill me |

Describe the instance that made you **most fearful**:

Date: _____

Who was present (children, witnesses): _____

Location: _____

Were police involved: Yes or No City: _____

Did the police arrest or cite: You Your partner

Describe what happened:

Describe the most recent abuse:

Please check the appropriate box indicating the availability of people or documents establishing domestic violence.

| | In my possession-I will give TLC a copy | I can obtain a copy & provide it to TLC | I've tried to get a copy but have been unsuccessful | Does not exist |
|--|---|---|---|----------------|
| Protective Order Case # | | | | |
| Police Report City: | | | | |
| DCFS Report supporting findings of domestic violence or child abuse Caseworker: | | | | |
| Letter from therapist or doctor or victim support person Name: | | | | |
| Victim Advocate: City: Name: | | | | |

Is there an active criminal case pending against your partner? Yes or No City: _____

Do you want a restraining against the other party in your divorce decree or custody order? Yes_____ No_____

Do you want a Protective Order? Yes_____ No_____



Limited Representation Agreement

Between _____

And Timpanogos Legal Center (TLC)

I understand that by participating in the Document Preparation Clinic, I am agreeing to the following:

- 1) I understand that TLC will not represent me in any further aspect of my case other than to help me prepare the requested documents at the time of the clinic.
- 2) I understand that it is my duty to arrange for all other aspects of my court representation including arranging for the hearing, service of process, filing the documents, paying any necessary fees and appearing in court.
- 3) I understand that I will be responsible for all further action taken on my case.
- 4) I understand that it is possible that a TLC attorney or volunteer may have talked with the opposing party in my case at another clinic. I waive any conflict of interest.
- 5) I understand that it is possible that the TLC attorney, volunteer attorney or law student may talk with my opposing party at a future clinic. If that person recognizes the conflict that person will cease giving assistance and turn the case over to a different volunteer. I waive any future conflict.
- 6) I understand that the volunteer attorney and law student involvement is limited to the assistance being provided at the clinic today. I agree to not call or request further assistance from them.
- 7) If I need assistance in knowing what to do with the documents prepared at the clinic I will contact the TLC Program Manager at 801 649-8895. The TLC Program Manager's role is to ascertain my eligibility for TLC services and will be limited to advice on how to file or arrange for service of process. I understand that it is my duty to actually follow through on these things as stated in #2 and #3 above.
- 8) If I have further issues I may go to the Family Justice Center clinic for free advice. Even if I happen to meet with the same attorney or volunteer, I understand that I am not in an ongoing attorney-client relationship.
- 9) I understand that there is no fee for the work performed by the attorneys or volunteers associated with this clinic, although I understand it will be my responsibility to pay for any court filing fees, service of process costs and any other actual expenses necessary to pursue my case.
- 10) I have had the opportunity to ask questions and clarify this agreement.

Date: _____

Signature

Printed Name

Signature of TLC Rep

Printed Name



General Authorization to Release Information

BOARD MEMBERS:

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Richard W. Sheffield

Vice President:
Jill O. Jaspersen

Treasurer:
Craig Carlile

Secretary:
Liisa A. Hancock

At Large:
Sharon White
Carl Hernandez

Clinics:
Family Justice Center
Tuesdays 5 pm – 8 pm
Health & Justice Bldg.
151 S. Univ. Ave., Provo

TLC Document Clinic
By appointment

TLC Hotline
Mon-Fri 9am-2pm
801-649-8895

TO WHOM IT MAY CONCERN:

I have authorized Timpanogos Legal Center, or representatives of their office, to obtain any information regarding me and I acknowledge such authorization as follows:

- 1. EXTENT OF AUTHORIZATION.** This authorization and release shall apply to myself, or to any child of mine, or for any person for whom I am responsible for their care, custody and control. All provisions of this authorization shall apply to such persons.
- 2. NATURE OF INFORMATION.** I hereby authorize any person to provide Timpanogos Legal Center all information requested by them.
- 3. DURATION.** This authorization shall remain in effect for a period of 120 days, or until my written revocation, whichever occurs first.
- 4. COPY IN LIEU OF ORIGINAL.** A copy of this signed original authorization shall have the same force and effect as the original.
- 5. REASON FOR RELEASE.** No reason need be given by Timpanogos Legal Center for the requested release of any information.

REVOCAION OF PRIOR RELEASES. I hereby revoke all previous authorizations and releases previously supplied to you, or which may have been provided to any other person prior to your receipt of this authorization.

Name

Signature

Date

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