

# Southern Legal Counsel, Inc.

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## General Request Form

This complaint form is designed to assist us in the evaluation of your legal problem. When filling out this form, please be as specific and detailed as possible. It is important that all questions be answered fully and completely.

Unfortunately, our resources are limited. We take cases that raise significant issues and which have the potential to impact others in the same situation. **We cannot take all cases offered us**, even those concerning real injustices. If we do not accept your case, it does not mean it is without merit.

If we need further information, we have your address and/or telephone number and can request any documents necessary.

**We will be respond to your request within 30 days of receipt.** If you do not hear from us within 30 days, please contact us.

### 1. Your Information:

Legal Name: (Required) \_\_\_\_\_

Affirmed Name: (if different from Legal Name) \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Address: (Required) \_\_\_\_\_

City: (Required) \_\_\_\_\_

State: (Required) \_\_\_\_\_

Zip Code: (Required) \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (Required) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: (Required) \_\_\_\_\_

Are you a veteran? \_\_\_\_\_

### 2. Your complaint is against the following:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

May we contact this person? \_\_\_\_\_

3. Date of situation giving rise to your complaint: \_\_\_\_\_

4. Witnesses or persons with information regarding your complaint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

May we contact this person? \_\_\_\_\_

5. Have you filed a complaint with any other agencies?

If yes, please describe in the following space and include dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you represented by an attorney in this matter?

If so, please fill in the following:

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. Has a civil lawsuit been filed against you or on your behalf?

If so, please provide:

Case number: \_\_\_\_\_

Case title: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Court with jurisdiction: \_\_\_\_\_

Judge: \_\_\_\_\_

Opposing counsel: \_\_\_\_\_

Current status of the case: \_\_\_\_\_



10. Household Information:

(SLC is able to provide service based on grants to represent low income persons. Sometimes we take cases even if you are not considered "low income". Please fill out this information even if you think you do not qualify for "low income".)

Number of people in household: 18 and over? \_\_\_\_\_ under 18? \_\_\_\_\_

Total estimated monthly income (all household members): \_\_\_\_\_

Medical or child care expenses per month: \_\_\_\_\_

Checking/savings account balance: \_\_\_\_\_

Value of property/other assets\*: \_\_\_\_\_

**\*DO NOT INCLUDE**

- VALUE OF PROPERTY/HOME WHERE YOU RESIDE
- VEHICLES NECESSARY FOR HOUSEHOLD TRANSPORTATION AND EMPLOYMENT
- WORK-RELATED TOOLS OR OTHER EQUIPMENT