

Welcome to the Perry County Free Legal Clinic!

At this free legal clinic, you will either meet privately with an attorney, or be instructed by an attorney, who has volunteered his or her time to talk with you about your legal problem. The meeting should end in at least one of the following outcomes, depending on your situation:

1. The attorney may give you the advice you need to prevent a non-legal problem from becoming a legal one;
2. The attorney may give you the advice you need to resolve your problem on your own;
3. If your problem cannot be easily resolved, the attorney may give you the advice you need to better understand your options and to make an informed decision about what to do next in your case;
4. In rare instances, the attorney may tell you that he or she will continue to work on your case after this evening; or
5. The attorney may refer you to legal aid or a social services agency for further help with your problem.

If you do not know what the next step in your case is by the end of your session with the attorney or in the class, you should ask the volunteer attorney to explain it to you.

Please remember: ***This is an advice clinic.*** The volunteer attorney is under no obligation to help you with your case beyond this clinic session. The clinic staff is under no such obligation either. **You remain responsible for handling your own case after this clinic, unless the volunteer attorney or someone associated with the clinic specifically tells you otherwise.**

The accompanying intake form you have been asked to fill out and return to clinic staff contains basic information about your situation that enables the staff to determine your eligibility for services, and to provide the best possible service to you this evening. These forms will be retained by clinic staff once you have turned them back in. At the end of this clinic session, these forms will be retained by the secretarial staff at the local legal services (legal aid) office that is sponsoring this clinic. The purpose of this is to be able to provide you with information about who you spoke with at this clinic in case you call and need to have that information. Additionally, there are times that the volunteer attorney wishes to follow-up with a client she or he has seen, and would need that information from whoever has the records. These forms are also kept to enable the legal services office to report statistical data to its funders about these services provided to the community. At no time will any of your confidential information be revealed to legal aid attorneys or any other person other than to you or the attorney you spoke with at the clinic. Also, the fact that legal services secretarial staff is keeping these forms does not make you a client of the legal services office.

We appreciate you taking the time to attend this free legal clinic. Our hope is that the advice you receive at the clinic will bring you at least one step closer to resolving your problem.

By signing below, you acknowledge that you have read the above, and understand and agree with its contents.

Signature

Date

Print name

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CLINIC PARTICIPANT RECORD

Perry

County Brief Advice Clinic

(Please Print, Complete Page 1, and Return to Intake)

Today's Date

Name

Gross Household Income (before taxes)

Mailing

"Income" includes: employment, welfare, social security, SSI, alimony, workers' and unemployment comp, child support, VA, pension or retirement

Address

\$ weekly OR \$ bi-weekly OR

City/

\$ monthly OR \$ yearly

State

Household #: Adults Children Seniors

Total Assets: Do you own any of the following:

Phone or Contact #

The home in which you live? No Yes

Ethnicity(optional)

Equity in Real Estate other than home you live in

Date of Birth Sex M F

No Yes (Value \$)

Do you own the home in which you live?

Vehicle not used for transportation (work, school)

How did you hear about the clinic?

No Yes (Value \$)

Have you or a household member served in military? No Yes

Checking or Savings Acct No Yes

Are you currently represented by an attorney? No Yes

(Total Balance \$)

Cash No Yes (Amount \$)

Jewelry No Yes (Value \$)

Stocks & Bonds No Yes (Value \$)

Other Assets? No Yes (Value \$)

Does your household have any of the following expenses:

Rent or mortgage Child Support or alimony Current income taxes (fed/state/local)

Please sign the statement that applies to you:

I am a citizen of the United States.

Signature

Date

I am not a citizen of the United States.

Signature

Date

What do you want us to help you with?

Name(s) of other party or parties to legal matter:

Are there any Court Orders regarding any of the above parties?

Yes No Don't know

<p>*Intake Staff Check (*No advice can be given through SEOLS-sponsored clinic if these items are not complete.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client has signed citizenship statement or provided documentation of eligible immigration status. <input type="checkbox"/> Client has gross household income is below _____% FPL (exception for seniors 60+) <input type="checkbox"/> Client does not own assets (other than cars they drive and home they own) in a value above \$_____ (exception for seniors 60+) <input type="checkbox"/> Client is not currently represented by an attorney on this issue. 	<p>Area of Law:</p> <p>_____</p> <p>_____</p>
<p>Exceptions to citizenship requirement:</p> <ul style="list-style-type: none"> • Permanent residents, Asylyee or refugee (marked on the I-94 or passport) • Case involving domestic violence (just has to be “related” to the DV) • Case involving children who are citizens (like food stamps) <p>Note: A person who is here on a student or work visa is NOT eligible</p> <p>*We require a copy of the front and back of the individual’s green card or I-94.</p>	

Interview Outcome and Follow-Up [for use by **volunteer attorneys** only]

A.	Issues Presented <i>(please note any deadlines):</i>
1.	
2.	
B.	Resolution:
<input type="checkbox"/>	(A) Legal information (helped understand rights or forms, general information, no individual strategy)
<input type="checkbox"/>	(B) Brief advice or brief service (tailored advice, particular to specific facts)
<input type="checkbox"/>	(C) I referred the client to:
<input type="checkbox"/>	(D) I’ve offered to provide pro bono assistance beyond the clinic.
<input type="checkbox"/>	(E) Other
C.	Please Summarize the Advice Given: (if any):

Volunteer Attorney name *(please print)*

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COUNTY CLINIC SATISFACTION SURVEY

We try to provide the best possible service. We want to know how you feel about the way our volunteers handled your case. Please take a few minutes to answer the questions below to help us improve our services.

1. How did you feel about your meeting with the lawyer or paralegal? Check as many answers as apply.

1	2	3	4	5	6	7	8	9	10
(1) Did not help me								Helped me a lot (10)	

1	2	3	4	5	6	7	8	9	10
(1) Did not listen to me							Listened to me very well (10)		

1	2	3	4	5	6	7	8	9	10
(1) Did not spend enough time with me						Spent plenty of time with me (10)			

1	2	3	4	5	6	7	8	9	10
(1) Did not understand what I asked					Understood exactly what I asked (10)				

1	2	3	4	5	6	7	8	9	10
(1) Did not answer my questions					Answered my questions very clearly (10)				

1	2	3	4	5	6	7	8	9	10
(1) Did not treat me politely and respectfully					Treated me very politely and respectfully (10)				

2. Did the work of the volunteers improve your situation? Yes No

Comments _____

3. Were you comfortable while you waited to meet with the volunteer? Yes No

4. Did you feel you had enough privacy during your meeting? Yes No

5. If you could change one thing about the clinic, what would it be? _____

6. Other comments: _____

In order for us to explain our work to the community, it is helpful for us to share some of our clients' success stories.

7. Are you willing to allow us to share your survey comments publicly, including through the SEOLS web site or Facebook page? (This is NOT required)

Yes, and you can use my name. Yes, but please do not use my name. No.

8. Are you willing to be contacted later to share your experience with us?

Yes No

If yes, please include your preferred contact number: _____

Please return this survey to the Clinic Intake Staff or mail it to the address below.

Thank you for taking the time to complete this survey!

**Southeastern Ohio Legal Services
555 Buttles Avenue
Columbus, Ohio 43215
614-221-7201**

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