

# !VETERAN SERVICE UNIT Intake/Brief Counsel and Advice

## Veteran's Information Form

DATE: \_\_\_\_\_

FULL NAME \_\_\_\_\_  
Last Name
First Name
Middle Name

MAILING ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

SAFE AND CONFIDENTIAL EMAIL ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SOC SECURITY # (LAST 4 DIGITS ONLY) \_\_\_\_\_

ETHNICITY: HISPANIC  NON-HISPANIC  OTHER (SPECIFY)  \_\_\_\_\_

RACE: CHOOSE ONE OR MORE ASIAN  AFRICAN AMERICAN  NATIVE AMERICAN   
 PACIFIC ISLANDER  WHITE  OTHER (SPECIFY)  \_\_\_\_\_

MARITAL STATUS: SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED

MILITARY STATUS: Active Duty? Yes / No Retired Military? Yes / No Other Discharged Veteran? Yes / No  
 Medically Discharged Veteran? Yes/No Military spouse or other dependent? Yes / No  
 Caregiver of veteran? Yes / No Combat Veteran? Yes/ No

If yes to any of above, please advise: Branch of service? \_\_\_\_\_ War Served? (check below)  
 None \_\_\_ Iraqi Freedom \_\_\_ Enduring Freedom \_\_\_ Desert Storm \_\_\_ Vietnam \_\_\_ Other: \_\_\_\_\_

**WHAT KIND OF PROBLEM DO YOU HAVE?** Please check beside your kind of current legal problem.

<b>CONSUMER:</b> <input type="checkbox"/> Collection <input type="checkbox"/> Repossession <input type="checkbox"/> Small Claims <input type="checkbox"/> Product Warranty <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____	<b>FAMILY:</b> <input type="checkbox"/> Adoption <input type="checkbox"/> Custody/Visitation <input type="checkbox"/> Divorce <input type="checkbox"/> Child Support <input type="checkbox"/> Abuse/Injunction <input type="checkbox"/> Other _____	<b>BENEFITS:</b> <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Wages/AFDC <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Workers Comp <input type="checkbox"/> Retirement <input type="checkbox"/> Food Stamps	<b>HOUSING:</b> <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Foreclosure <input type="checkbox"/> Deed <input type="checkbox"/> Land <input type="checkbox"/> Mobile Home <input type="checkbox"/> Housing Discrimination <input type="checkbox"/> Other _____
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<b>EMPLOYMENT:</b> <input type="checkbox"/> Job Loss <input type="checkbox"/> Wage Claim <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Other _____	<b>OTHER:</b> <input type="checkbox"/> Will/Probate <input type="checkbox"/> Insurance <input type="checkbox"/> Being Sued <input type="checkbox"/> Other _____	<b>IMMIGRATION</b> <input type="checkbox"/> Immigration <input type="checkbox"/> Other _____	<b>OTHER (Describe)</b> _____ _____
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**WHO ARE YOU HAVING THIS PROBLEM WITH?** Give their FULL NAME, address, phone number.

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

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

Phone: \_\_\_\_\_



Have you received or been served with any type of papers about your problem? Yes  No

If yes, when did you receive these papers \_\_\_\_\_.

Is there a court date or hearing date? If yes, when? \_\_\_\_\_. Please enter any deadline date \_\_\_\_\_

**IF YOU WOULD LIKE TO BE CONSIDERED FOR FREE LEGAL REPRESENTATION, PLEASE COMPLETE THE INCOME SECTIONS BELOW. IF YOU WOULD SIMPLY LIKE TO SPEAK WITH AN ATTORNEY TODAY FREE OF CHARGE FOR BRIEF COUNSEL AND ADVICE ONLY, YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM. SKIP TO THE LAST PAGE AND SIGN THE PARTICIPANT VERIFICATION STATEMENT.**

**LIST ALL FAMILY MEMBERS WHO LIVE WITH YOU:**

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME FOR YOU AND ALL FAMILY MEMBERS IN YOUR HOUSEHOLD**

Name:	Employer:	MONTHLY Wages before taxes/deductions:	<u>For all EXCEPT husband &amp; wife:</u> Does s/he pay part of household expenses? What?
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

If unemployed, how long? \_\_\_\_\_ Previous Employer: \_\_\_\_\_ Last Wage: \_\_\_\_\_

**DO YOU OR ANYONE WHO LIVES WITH YOU RECEIVE:**

	WHO?	AMOUNT	HOW OFTEN?
WELFARE (WAGES/AFDC/TANF)	_____	\$ _____	_____
SOCIAL SECURITY	_____	\$ _____	_____
SSI	_____	\$ _____	_____
VETERANS BENEFITS	_____	\$ _____	_____
PENSION OR RETIREMENT	_____	\$ _____	_____
UNEMPLOYMENT COMPENSATION	_____	\$ _____	_____
WORKER'S COMPENSATION	_____	\$ _____	_____
CHILD SUPPORT OR ALIMONY	_____	\$ _____	_____
OTHER INCOME OR SUPPORT	_____	\$ _____	_____

(DESCRIBE): \_\_\_\_\_

FOOD STAMPS RECEIVED MONTHLY: \$ \_\_\_\_\_



**APPROXIMATE TOTAL MONTHLY INCOME FOR HOUSEHOLD:** \_\_\_\_\_

**WHAT ARE YOUR HOUSEHOLD ASSETS: Does anyone in your household own any of the following?**

Home where you live? Yes  No

Other Land/Home? Yes  No  Approximate value \$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_

Car or truck? Yes  No  Approximate value \$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_  
Make and year \_\_\_\_\_

2nd Car or truck? Yes  No  Approximate value \$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_  
Make and year \_\_\_\_\_

3rd Car or truck? Yes  No  Approximate value \$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_  
Make and year \_\_\_\_\_

Checking Account? Yes  No  If yes, give balance \$ \_\_\_\_\_

Savings Account? Yes  No  If yes, give balance \$ \_\_\_\_\_

! "\$% & "# (#) \*+! ? Yes  No  If yes, list with value \$ \_\_\_\_\_

**EXCLUDING THE HOME IN WHICH THE VETERAN LIVES, AND ONE VEHICLE, ARE THE ASSETS VALUED AT MORE THAN \$10,000? YES \_\_\_\_\_ NO \_\_\_\_\_**

**PARTICIPANT VERIFICATION**

I, \_\_\_\_\_, understand that the attorney(s) who speaks with me today is not committing to represent me in any legal matter. Any legal assistance provided in today's session will be free of charge. The attorney has no obligation to me after our interview and I have no obligation to the attorney. The information that I have provided in this Veteran's Information Form is true and complete.

\_\_\_\_\_  
Veteran's Signature

**PARTICIPANT ACKNOWLEDGEMENT OF SHARING INFORMATION**

I, \_\_\_\_\_, acknowledge and agree that information presented to the volunteer attorney or advocate during this legal advice clinic can be shared between the Veterans Legal Collaborative legal partners, as indicated by my signature and by checking the boxes indicating permission for the agencies to share information. Sharing of information among the Veterans Legal Collaborative legal partners shall not waive the attorney-client privilege.

Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Florida Coastal School of Law           | <input type="checkbox"/> Jacksonville Area Legal Aid, Inc. |
| <input type="checkbox"/> North Florida Medical Legal Partnership | <input type="checkbox"/> Three Rivers Legal Services, Inc. |

\_\_\_\_\_  
Veteran's Signature

To be completed by a Veterans Legal Collaborative Volunteer:

\_\_\_\_\_ This veteran qualifies for free legal assistance.

\_\_\_\_\_ This veteran does not qualify for free legal assistance.

\_\_\_\_\_ Further review of this information needed to determine eligibility for free legal services.





## REQUESTED INTIAL DOCUMENTS REQUESTED:

- |                     |   |  |   |
|---------------------|---|--|---|
| 1. DD-214:          | <input type="checkbox"/> Have               | <input type="checkbox"/> Do Not Have               | <input type="checkbox"/> Requested      |
| 2. VA Compensation: | <input type="checkbox"/> I receive benefits | <input type="checkbox"/> I do not receive benefits | <input type="checkbox"/> Pending Claims |
| 3. VA Disability    | <input type="checkbox"/> I am rated         | <input type="checkbox"/> I am not rated            |   |

**IF YOU HAVE STATED THAT YOU HAVE YOU DD-214, PLEASE EMAIL A COPY OF THIS DOCUMENT TO [avlmar.thompson@jaxlegalaid.org](mailto:avlmar.thompson@jaxlegalaid.org) or [declan.duffy@jaxlegalaid.org](mailto:declan.duffy@jaxlegalaid.org).**

### **IF YOU NEED HELP ACQUIRING A COPY OF YOUR DD-214 PLEASE READ THE FOLLOWING OPTIONS:**

- VISIT [WWW.ARCHIVES.GOV](http://WWW.ARCHIVES.GOV) TO REQUEST A FREE COPY OF YOUR DD-214.
- MAIL IN THE DD FORM 214 REQUEST WITH A STANDARD FORM 180 (SF-180) TO NATIONAL PERSONEL RECORDS CENTER OR FAX:
  - ADDRESS IS AS FOLLOWS: 1 ARCHIVES DRIVE, ST. LOUIS, MO 63138.
  - FAX TO NPRC (314) 801-9049.
- GET AN ELECTRONIC COPY VIA THE VA EBENEFITS SITE:
  - IF YOU ARE IN NEED OF ASSISTANCE PLEASE CONTACT THE VA AT 1-(800)-827-1000.

**IF YOU HAVE STATED THAT YOU ARE RECEIVING VA BENEFITS PLEASE PROVIDE DOCUMENTATION.**

### **IF YOU CANNOT PROVIDE DOCUMENTATION PLEASE VISIT READ THE FOLLOWING OPTIONS:**

- PLEASE CONTACT THE VA AT 1-(800)-827-1000 AND REQUEST DOCUMENTATION SENT TO YOU.
- LOGIN TO [WWW.EBENEFITS.VA.GOV](http://WWW.EBENEFITS.VA.GOV) AND REQUEST A GENERATED ONLINE COPY.

**IF YOU HAVE STATED THAT YOU ARE RATED PLEASE PROVIDE DOCUMENTATION.**

### **IF YOU CANNOT PROVIDE DOCUMENTATION OF RATING PLEASE THE FOLLOWING OPTIONS:**

- PLEASE CONTACT THE VA AT 1-(800)-827-1000 AND REQUEST DOCUMENTATION SENT TO YOU.
- LOGIN TO [WWW.EBENEFITS.VA.GOV](http://WWW.EBENEFITS.VA.GOV) AND REQUEST A GENERATED ONLINE COPY.

**\*\*IMPORTANT\*\***

**TO FURTHER REVIEW CASE THESE ARE REQUIRED AND MANDATORY, WE CANNOT ASSIST UNTIL DOCUMENTATION IS PROVIDED. WE LOOK FORWARD TO WORKING WITH YOU AND YOUR LEGAL ISSUES.**

RESPECTFULLY,

JALA VETERANS UNIT  
126 W Adams St. #101  
Jacksonville, FL 32202



**RELEASE AND AUTHORIZATION FORM**

I, \_\_\_\_\_, have asked Jacksonville Area Legal Aid, Inc., Clay County Legal Aid, and/or St. Johns County Legal Aid (hereinafter "Legal Aid), for legal assistance concerning the following problem:

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I understand that Legal Aid will review my application to determine if they can assist me. At this time, I understand that I am **not** represented by Legal Aid. However, so that Legal Aide can determine what assistance they can provide, I agree:

- To keep them informed of my mailing address and contact telephone numbers at all times. If they cannot reach me, they will not be able to assist me.
- To keep them informed of any changes in my income.
- To keep appointments with the Legal Aid representative, or let them know in advance when I cannot make it.
- To be on time for all meetings.
- To let Legal Aid, know if I decide that I no longer want to keep trying to resolve my problem.
- To respond right away to all requests from Legal Aid for additional information.
- To sign any releases necessary for Legal Aid to obtain relevant documents about my problem.

I understand that an attorney or paralegal employed by Legal Aid may represent me. I also understand that Legal Aid my assign or refer my case to a certified legal intern, a volunteer private/pro bono attorney or other civil legal services program at any time for any reason. To that end, I understand that Legal Aid may place a short summary of my case, with no identifying information, on their online case placement site in an effort to find legal assistance for me.

Should Legal Aid decide to assist me with my legal problem, I understand that a separate retainer agreement will be signed by me and my representative. That agreement will outline what type of help Legal Aid will provide to me regarding my legal problem.

I hereby release Legal Aid from any liability from their investigation for my case/legal problem.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***APPLICATION COMPLETE***