



WOMEN IN DISTRESS
OF BROWARD COUNTY, INC.™

JIM & JAN MORAN FAMILY CENTER
P.O. Box 50187 Lighthouse Point, FL 33074

**INJUNCTION FOR PROTECTION PROJECT (IFP)
INTAKE / REFERRAL FORM**

Date: _____ Next court **date & time** (if applicable): _____

Name: _____
First Middle Last

Date of Birth: _____ **Safe** phone # or E-mail where you can be reached
(Indicate whether it is safe to leave voicemail)

Safe address where you can receive mail (if available):

How did you hear about the Injunction for Protection Legal Project? (Name of Person/Agency & Phone number):

Have you ever had a case with or against, or have you ever consulted with any of the following attorneys: *Lisa Larmond; Xiomara L. Cruz; Courtnie C. Copeland; Michelle Harper; Anajah McNish; or Keila Belt?* _____

To your knowledge, has the person you are seeking an injunction against ever been represented by or consulted with any of the above attorneys? _____

Have you consulted with or signed an engagement / retainer agreement with another attorney for this matter? _____

What is the **name, date of birth, and address** of the person against whom you are seeking an Injunction? _____

How are you related to or connected to the person against whom you are seeking an injunction?

Do you have any minor (under 18) children in common with this person? _____ If so, what are their names and dates of birth?



If you share children in common with this person, are you seeking an Injunction as to the children as well? _____. What about child support? _____. What about Time-sharing / visitation agreement? _____

Do you and the person against whom you are seeking the injunction own any property together (e.g.: House, car, joint bank accounts, etc.)? _____ If yes, what do you own together?

Have you ever had or filed a court case against the person against whom you are seeking an injunction _____? Have they had a case against you? _____

If yes to the above, what kind of court case was it? In what year? (e.g.: Divorce, child support, paternity, previous injunction, criminal case, etc.):

Do you need an interpreter for a language other than English for your hearing or to speak with your attorney, if s/he does not speak your language? _____ If yes, what language?

Briefly describe the incident(s) [with dates & locations, etc.] that led you to seek an Injunction?



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THE FOLLOWING INFORMATION IS OPTIONAL AND IS COLLECTED FOR STATISTICAL PURPOSES ONLY. THE SERVICES PROVIDED BY THIS CENTER ARE OFTEN FUNDED BY GRANTS THAT REQUIRE THE COLLECTION OF STATISTICAL DATA. THE STATISTICS GATHERED WILL BE COMPLETELY ANONYMOUS. WE WILL NOT RELEASE YOUR NAME OR ANY OF YOUR PERSONAL OR IDENTIFYING INFORMATION TO OTHER AGENCIES WITHOUT YOUR CONSENT.

RACE / ETHNICITY (Check all that applies):

American Indian/Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>
Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>
White Non-Latino/Caucasian	<input type="checkbox"/>
Some Other Race	<input type="checkbox"/>
Multiple Races	<input type="checkbox"/>

AGE (check one):

0-12	<input type="checkbox"/>
13-17	<input type="checkbox"/>
18-24	<input type="checkbox"/>
25-59	<input type="checkbox"/>
60 and Older	<input type="checkbox"/>

Are you a Veteran? _____

Are you Deaf or Hard-of-Hearing? _____

Are you currently homeless? _____



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INJUNCTION FOR PROTECTION PROJECT
LIMITED RETAINER AGREEMENT

I, _____, do hereby retain **THE INJUNCTION FOR PROTECTION PROJECT (IFP)**, solely for the purpose of obtaining and receiving information necessary to determine whether the matter that I have consulted the IFP Attorney about is a matter in which the attorney can or will provide me with representation. If, after reviewing the information related to my case, the attorney determines that s/he cannot accept my case, the Attorney will notify me of that fact, and will not act as my attorney with regard to this matter.

I understand that even if the IFP Project is not able to represent me with my case, it is possible that the IFP Project will provide me with a legal advice and counsel. The advice and counsel may be given in person or come in the form of a letter or telephone call. If I am provided with legal advice and counsel only, I understand that the IFP Project **WILL NOT** be representing me in Court or in any manner other than the brief consultation.

If the Attorney accepts your case, you will be notified and asked to sign an Engagement Agreement to Accept Legal Services.

APPLICANT'S SIGNATURE

DATE



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INJUNCTION FOR PROTECTION PROJECT

CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize the **INJUNCTION FOR PROTECTION PROJECT (IFP)** to obtain, inspect, copy and receive any information in my possession pertaining to myself and any minor children. This release is given without limitation and applies to both confidential and non-confidential information in my possession from any source and in any form (including, but not limited to substance abuse assessments/evaluations; psychological and psychiatric evaluations; therapy treatment plans and progress summaries; medical records; and urinalysis results, etc.).

This release will expire within 90 days of the date below.

Signature

Date