

SECTION III.

CASE INFORMATION SHEET

DATE OF INCIDENT: _____

Explain your issue briefly (provide events in the order in which they happened, names, addresses, and dates):

LAW ENFORCEMENT AGENCY INVOLVED:

FAMU Police Department
Leon County Sheriff's Department
Tallahassee Police Department (TPD)

Florida Highway Patrol
Florida Department of Law Enforcement (FDLE)
Other _____ Not Applicable

Did you bring any documentation regarding your issue? Yes *(Please attach to application)* No

Name of Opposing Party (if applicable): _____

Will you be pursuing or defending an action against another FAMU Student? Yes No

Are you required to appear in Court: Yes No

**If yes, please attach Court Documents*

County of Offense/Incident: _____

Location of Offense/Incident: _____

Number of Law Enforcement Officers Present: _____

Were there any Witnesses present (Other than Law Enforcement?) YES NO

If YES, please list their names and phone numbers, if known:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Was anyone else arrested or given a citation in addition to you? YES NO

Are they a FAMU Student? YES NO

Had you consumed any alcohol or drugs on the date you were arrested/cited? YES NO

If "YES" List the type of alcohol/drugs you consumed and when:

Have you previously met with a FAMU Student Legal Services attorney regarding a legal matter?

Yes No

If "Yes," when and for what purpose? _____

What type of outcome are you hoping to get as a result of your attorney conference?

Consultation Survey

How would you prefer to conduct consultations with an attorney?

- By Phone Consultation
- On-line using ZOOM
- In-Person

SECTION IV.

DEMOGRAPHIC INFORMATION:

Please provide the information requested by checking the box(es) next to the appropriate answer(s) or filling the blank for each question.

Please note that your identity regarding information provided will not be disclosed to third parties; this information is kept for statistical purposes only.

What is your race/ethnicity? (Select all that apply)

Other (please specify): _____

How do you identify?

- Woman
- Man
- Transgender
- Gender non-binary
- Other (please specify) _____

Are you an international student?

- Yes
- No

Are you an out-of-state student?

- Yes
- No

Are you a veteran of the United States military service?

- Yes
- No

Are you a first-generation student?

- Yes
- No

Are you a Federal Pell Grant recipient?

- Yes
- No

FAMU STUDENT LEGAL SERVICES | RETAINER AGREEMENT

PLEASE INITIAL EACH OF THE FOLLOWING TO BE APPROVED FOR SERVICES:

___ 1. **Eligibility.** FAMU SLS seeks to provide eligible students with legal services in matters affecting their welfare. Students must be enrolled and have paid the Activity and Service Fee to receive services.

___ 2. **Scope of Representation.** Cases will be considered on an individual basis and will be excluded if, in the opinion of the Attorney, they are unreasonable, unnecessary, exceed the scope of the FAMU SLS program or are otherwise inadvisable. By signing this agreement, I understand that FAMU SLS has not accepted my case for any purpose or activity beyond the evaluation and advice or limited service necessary to quickly resolve my matter.

___ 3. **Confidentiality.** FAMU SLS Attorneys and Staff will not communicate with other individuals regarding my matter unless I authorize them in writing to do so or FAMU SLS deems it necessary in accordance with the Florida Bar's Rules of Professionalism. Should I desire for a third party (such as a parent) to be present with me during my consultation, I will be required to sign an Informed Consent Form. The presence of a non-party at a consultation voids Attorney-Client privilege, meaning that FAMU SLS Attorneys and Staff will still keep my matter confidential, but could be compelled to testify regarding our consultation.

___ 4. **Expectations.** I understand that FAMU SLS has certain client expectations, and if I fail to meet any of these, FAMU SLS may close my case and not reopen it. **These include, but are not limited to:**

_____ A. *Cooperation.* I agree to fully cooperate with FAMU SLS, including but not limited to full truthful disclosure of all facts pertaining to my matter, providing requested information or documents in a timely manner and responding to phone messages and email.

_____ B. *Updated Information.* I will provide FAMU SLS with any and all new addresses and telephone numbers and keep my attorney updated as to any material changes in my matter while my file is open.

_____ C. *Failure to Follow Advice.* I understand that failure to follow Attorney advice may frustrate FAMU SLS's efforts to assist me in my matter and may result in a situation where FAMU SLS is no longer able to effectively provide representation and/or counsel.

___ 5. **Fees.** FAMU SLS's services are free. However, payment of court costs, fees incidental to litigation, fines, penalties or amounts of any judgments entered against me, are my responsibility. Depending on the kind of matter, FAMU SLS may request that I deposit monies into its Trust Account to cover costs. Any money deposited into FAMU SLS's Trust Account that is not expended will become refundable at the conclusion of my case.

___ 6. **Outcome.** I understand that FAMU SLS and its Attorneys cannot make any guarantees about the outcome of my matter or any resulting litigation.

___ 7. **Timing.** I understand that the legal process does not always move quickly and that some matters can take several months to resolve. I will address any questions or concerns to my Attorney.

___ 8. **File Retention.** I understand that FAMU SLS will destroy the physical copy of my file after my file is closed, unless Florida or U.S. Laws or Rules demand otherwise. After my file is closed, I may not be able to obtain originals, but an electronic, scanned file will be retained in accordance with the Rules of the Florida Bar. Reasonable attempts will be made to return all originals to me at the time my file is closed.

Signature

Date

Print Name

Please return completed application along with any supporting documents to:

Program Coordinator, Carmalita L. Hawkins, J.D.

Carmalita.Hawkins@Famu.edu

Office: 850.561.2876 | **Direct Cell:** 850.782.1425