Welcome to Ascend Justice. Our staff and volunteers provide free legal assistance to people seeking Orders of Protection.

If you would like to apply for assistance:

1. Please read and sign the attached Safety and Confidentiality Agreement and fill out the rest of this form.
2. If you would like for us to communicate with your advocate about your case, please also complete the Release of Legal Information.
3. Drop both forms in the basket at our front desk or return them via fax (312-251-9801) or email (druffatto@ascendjustice.org)
4. Someone from our office will contact you within one week to discuss your case.

By completing this form, you are signifying that you wish Ascend Justice to consider your request for legal services. We have not agreed to be your lawyer in this or any other matter. However, the information you provide to our offices will be kept confidential unless and until you authorize any disclosure. We will evaluate your case, decide whether we can assist you or represent you or not, and notify you of our decision. If you have any questions or if your contact information changes, contact us at 312-325-9155.

When is your next court date? Date: ____________  Time: ________ Room #: ________

What is your case set for on that date? __________________________________________
Safety and Confidentiality Agreement

- Ascend Justice staff and volunteers are required to keep client communications confidential.
- We will not disclose information about your case without a signed release of information.
- There are very few exceptions to our requirements to keep all of your communications confidential. One example of an exception is we have to reveal information if it is necessary to prevent a death or serious injury. We are happy to explain the exceptions if you have any questions or concerns.
- You are required by Ascend Justice to keep the identities and communications of other clients confidential, even though you are not legally responsible to do so.
- Because other clients are not legally bound to keep your information confidential, you should keep this in mind when revealing information to anyone other than a Ascend Justice staff member or volunteer.
- Due to the private nature of the interviews going on in our offices, please wait outside in the lobby until your name is called. If you need assistance, please ask at the front desk.
- If you have an immediate safety concern, alert a sheriff deputy or Ascend Justice staff member. Please also notify a sheriff deputy or Ascend Justice staff member if you are concerned about being followed outside by your abuser and would like an escort.
- As in domestic violence shelters, Ascend Justice has a “no hitting” of children rule in effect. You must find another way of disciplining your child while in our offices.
- Please do not answer a ringing telephone. The phones are to be answered by Ascend Justice staff ONLY.

I understand that Ascend Justice has not agreed to represent me in this matter and may provide advice and referrals. I understand and agree to these guidelines and accept services from Ascend Justice.

___________________________  _____________________________  _______________
Client Name    Client Signature         Date
PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOURSELF:

Name: ________________________________ Maiden / Former name(s): ________________________________

Address: ___________________________ Apt. #: ______ City: ____________ State: _____ Zip: _______

Best phone to contact you: ____________________ Email address: __________________________

Please indicate any restrictions in calling/emailing/sending mail: ________________________________

Date of Birth: _____________ Citizenship Status: □ U.S. Citizen □ Other (Permanent Resident, Student Visa, Undocumented, etc.)

Race: (check all that apply)
□ White □ Black/African American □ Latina/o (Hispanic) □ Native Hawaiian/Other Pacific Islander
□ Asian □ American Indian/Alaskan Native □ Middle Eastern North African (MENA)

Marital Status: □ Never Married □ Married (Marriage Date: _________) □ Divorced □ Legally Separated □ Widowed

Sexual Orientation:
□ Heterosexual/Straight □ Homosexual/Gay/Lesbian □ Bisexual □ Queer □ Other □ Do Not Wish to Respond

Gender Identity:
□ Female □ Male □ Transgender female □ Transgender male □ Genderqueer/Gender non-conforming
□ Other □ Do Not Wish to Respond

Are you the head of household? □ Yes / No Number of children: ___________

Housing Type: □ Own □ Rent □ Homeless □ Temporary Housing

Highest level of education completed:
□ No high school □ Some high school □ High school grad □ Some college □ College grad □ Adv. degree

Do you have a disability? □ Yes □ No If yes, please specify: ________________________________

Primary language spoken at home: □ English □ Spanish □ Polish □ Chinese □ Other

Do you need an interpreter? □ Yes □ No If yes, what language: ________________________________

Are you currently pregnant? □ Yes □ No Are you a veteran? □ Yes □ No

Have you talked to a lawyer about a divorce, custody, visitation, or support? □ Yes □ No

Do you have a case or court date for a divorce/parentage/child support/criminal case? □ Yes □ No

If yes, what kind of case? ____________________________ Next court date: _________ Location: _______

Other Benefits (check all that apply):

Non Cash Benefits: □ None
□ Food stamps/Link/SNAP □ Special Supp. Nutrition (WIC) □ TANF Child care
□ TANF Transportation □ Other TANF □ Section 8/public housing/rent assistance
□ Other

Medical Benefits/Insurance: □ None
□ Medicaid □ Medicare □ State children’s health insurance (if client under 18)
□ Veteran’s administration medical services □ Private insurance

Income (check all that apply and write the monthly amount before taxes):

□ Employment/Earned Income □ Full Time or □ Part Time $________
□ Unemployment insurance $________
□ SSI $________
□ Social Security disability $________
□ Veteran’s disability $________
□ Private disability $________
□ Workers compensation $________
□ TANF $________
□ General Assistance $________
□ Retirement income (Social Security) $________
□ Veteran’s pension $________
□ Pension from former job $________
□ Child Support $________
□ Alimony/spousal support $________
□ Other source $________

Total: $________

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PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR ABUSER:

Abuser’s Name: ___________________________  Maiden / Former name(s): _______________________

Address: ___________________________  Apt. #: ______  City: ___________  State: ______  Zip: ______

Date of Birth: ______________

Citizenship Status: □ U.S. Citizen □ Other (Permanent Resident, Student Visa, Undocumented, etc.)

Race: (check all that apply)
□ White □ Black/African American □ Latina/o (Hispanic) □ Native Hawaiian/Other Pacific Islander □ Asian □ American Indian/Alaskan Native □ Middle Eastern North African (MENA)

Gender Identity:
□ Female □ Male □ Transgender female □ Transgender male □ Genderqueer/Gender non-conforming □ Other □ Do Not Wish to Respond

What is the Abuser’s relationship to you? ___________________________

Does the Abuser know where you are currently living? □ Yes □ No

Information about abuse that has occurred:

Please describe the most recent incident of abuse: Date ___________ Time ________ Place ______________

Briefly state what happened: ____________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please check the types of abuse that occurred during the most recent incident:

□ Physical (hitting, pushing, other) □ Sexual □ Child abuse □ Emotional abuse (threats, controlling)

Please check the types of abuse that have occurred at any time during your relationship:

□ Physical (hitting, pushing, other) □ Sexual □ Child abuse □ Emotional abuse (threats, controlling)

Has the abuser made any threats about your citizenship status? □ Yes □ No

Do you have children in common with your abuser? □ Yes □ No  # of children in common ______

If YES, please answer the following:

Has the abuser ever threatened to take the child/ren from your care before? □ Yes □ No

Has the abuser ever taken the child/ren from your care before? □ Yes □ No
OTHER LEGAL NEEDS

HOUSING
Do you need to move out and terminate your lease early for safety concerns? □ Y □ N

Do you need to change the locks to your apartment so your abuser won’t have access? □ Y □ N
• If yes to either question, what is the name of the landlord / property company?
_________________________________________________________________

Are you homeless, living in a shelter or at risk of losing your home and have no place to go? □ Y □ N

EMPLOYMENT:
Do you need workplace accommodations to help you feel safe (such as a different work schedule, change of work telephone number, change of seating assignment, a transfer or reassignment, etc.)? □ Y □ N

Do you need to take time off from work in order to: attend court; move residences; or attend meetings with the State's Attorney's Office, your advocate, lawyer, or counselor? □ Y □ N
• If yes to either question, what is the name of your employer / supervisor?
________________________________________________________________

CRIME VICTIMS COMPENSATION:
Do you have out-of-pocket expenses as a result of being a victim of a crime? □ Y □ N

CONSUMER LAW:
Do you need information about consumer debt, filing for bankruptcy, or tax issues? □ Y □ N

CHILD ABUSE/NEGLECT INVESTIGATIONS AND ADMINISTRATIVE APPEALS (DCFS):
Do you have a DCFS child abuse/neglect case involving an out-of-home safety plan? □ Y □ N
Are there any deadlines or hearings in your DCFS case in the next 7 days? □ Y □ N

ADDITIONAL SERVICE NEEDS
Who referred you to the courthouse today? How were you referred to Ascend Justice specifically?

☐ Domestic Violence Advocate / Shelter Program
☐ Domestic Violence Help Line
☐ Family
☐ Friend
☐ Police
☐ State’s Attorney
☐ Internet
☐ Other Legal Aid Program
☐ Other (Non DV) Social Services Agency
☐ Private Attorney
☐ Prior Use
☐ Self
☐ Other:

□ Courthouse Front Desk
□ Domestic Violence court advocate
□ Domestic Violence agency (other than by advocate)
□ Domestic Violence Help Line
□ Legal Aid agency
□ Other: ____________________________
Are you currently receiving any other social services?
- Domestic Violence advocacy services
- Domestic Violence shelter / housing assistance
- Other shelter / housing assistance
- Counseling / mental health services
- Substance abuse counseling / treatment
- Financial assistance for child care
- Job training
- Other: __________________________

Do you need any other assistance, in addition to an Order of Protection, to help with your future safety?
- Yes  
- No  

Are you currently homeless, living in a shelter, or at risk of losing your home with no place to go? □ Y □ N

Have you recently been hospitalized or needed to go to the hospital for an emergency? □ Y □ N

Are you currently unemployed or afraid you might lose your job? □ Y □ N

Do you feel that you need support in managing your everyday needs such as daycare, mental health support/counseling, education, transportation, public benefits, health care? □ Y □ N
Client Name: ____________________________________________________

Client Referrals

☐ Clerk’s Office to file for an Order of Protection (Room 1400). Please see the handout you received when you checked in for additional information.

☐ Pro Bono Project for representation by private attorney for an Order of Protection.
   Attorney Name: ______________________
   Firm: ______________________________

☐ Court Advocate for assistance related to domestic violence or an Order of Protection.
   Advocate Name: _____________________
   Agency: ___________________________

☐ State’s Attorney’s Office to discuss possible criminal charges against the abuser (Room 1600).

☐ Domestic Violence Help Line 1 (877) 863-6338 for 24-hour support, referrals to counseling or shelters, or safety planning.

☐ Legal Aid Agencies for help with other legal issues. Please see the attached sheet. If applicable, please specify:
   Attorney Name: ______________________
   Agency: ___________________________

☐ Other: _______________________________________

Is the client a City of Chicago resident?   YES / NO

Did he or she provide proof of Chicago residency?   YES / NO

Screening Attorney: _______________________________     Date: _________________