



Referred by

Name: _____

Agency: _____

Contact Phone/Email: _____

Order of Protection Division Intake (Ongoing case)

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 a 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 (intake@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 store information in LegalServer, our secure case management system (hosted by a third-party provider), and you have the ability to opt-out of this, but you must notify us of this decision. 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? _____

Ascend Justice does not discriminate on the basis of race, color, creed, national origin, ancestry, religion, disability, sex, sexual orientation, gender identity, marital status, veteran status or age. Applicants/ clients wishing to lodge a complaint about discrimination in the provision of services can do so by contacting the Illinois Criminal Justice Information Authority. The ICJIA nondiscrimination policy can be found on the ICJIA website at <http://www.icjia.org/grants/grant-resources>. Applicants can also send complaints via e-mail to CJA.CivilRightsOfficer@illinois.gov



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):** _____

Preferred Pronouns: she/her/hers he/him/his they/them/theirs Other: _____

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): None

- 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: \$ _____

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

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

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?

- 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: _____

How were you referred to Ascend Justice specifically?

- 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: _____

CLIENT SUPPORT COORDINATOR SERVICES

Ascend Justice has a team of client support services staff and interns who assist our attorneys in providing additional support for our clients. Our goal is to make your legal case more manageable by providing clinical support and to help increase your stability by connecting you with resources.

- **Do you currently need support outside of legal services?** Y N

- **Please indicate the following areas where you would like or need additional support:**
 - Education
 - Safety Concerns
 - Housing
 - Unemployment/Labor
 - Medical
 - Public Benefits
 - Rental/Utility Assistance
 - Counseling/Mental Health
 - Other: _____

FOR OFFICE USE ONLY DO NOT COMPLETE THIS PAGE

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:** _____