

Referring Advocate: _____
 Referring Agency: _____
 Date: _____



Referral Form

**Legal Aid Service of Collier County welcomes
 the chance to review this Referral!**

Please note that LASSCC provides free legal assistance to qualifying residents of Collier County. All requests for assistance, including this referral, are subject to review for eligibility, merit, and available resources. This Referral is not a substitute for an application for services from LASSCC.

Full Legal Name: _____

Have you ever used a different name? **YES** **NO** If yes, what is the other name(s): _____

DOB: _____ Last 4 numbers of Social Security #: _____

Your gender? _____ Your race? _____ Your ethnicity? _____

Immigration status (circle one): Citizen Permanent Resident Other: _____

(This information is absolutely confidential and is not shared with any other party or government agency.)

How many people reside in your house? _____ How many are under 18? _____

What is the household's monthly income before taxes: \$ _____

(This figure should include the income for every adult living in the household)

What is the balance in all your bank accounts (an estimate is ok): \$ _____

(This figure should include the bank accounts of every adult living in the household)

Are you or a member of your household a victim/survivor of Domestic Violence? **YES** **NO**

Are you or a member of your household a military veteran? **YES** **NO**

Contact Information:

Phone #: (_____) _____ Is it ok to leave a voice message? **YES** **NO**

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____ Is it ok to communicate via email? **YES** **NO**

Preferred language of communication: **English** **Spanish** **Creole** **Other** _____

Legal Problem: (Please circle one then write the specific issue.)

Family Law Consumer Housing Elderly Income Tax Immigration Other _____

Briefly describe the problem: _____

Are you currently working with an attorney in regard to the legal problem indicated above? **YES NO**

If yes, please provide attorney's name: _____

Is there a pending court case for this matter? **YES NO** If yes, what is the case number? _____

Are there any upcoming deadlines or hearings in your case? **YES NO**

If yes, tell us what and when _____

Opposing Party Full Legal Name: _____

Has this person ever used a different name? **YES NO** If yes, list the other name(s): _____

DOB (if known): _____ Last 4 numbers of Social Security Number or ITIN (if known): _____

➡ When this form is complete, send it to LAsCC:

By mail to: Intake Specialist 4436 Tamiami Trail East Naples, FL 34112	Or	By fax to Intake Specialist Fax (239) 775-3887	Or	by email to: intake@legalaid.org
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4436 Tamiami Trail East Naples, FL 34112 (239) 775-4555 Fax (239) 775-3887	1400 N. 15th St., Ste. 201 Immokalee, FL 34142 (239) 657-7442 Fax (239) 657-7737
On the web at www.legalaid.org/collier	