

**SOUTHERN MARYLAND CENTER FOR FAMILY ADVOCACY
23918 MERVELL DEAN ROAD
P.O. BOX 760
HOLLYWOOD, MD 20636**

ELECTRONIC COMMUNICATIONS AGREEMENT AND CONSENT

I, the undersigned, understand that the Southern Maryland Center for Family Advocacy (hereafter referred to as the “Center”), its attorneys and staff, often relies on electronic communications, such as video conferencing, email, and cell phones. Electronic communications are often not as secure as more traditional lines of communication, such as face-to-face meetings, land-line telephones, U.S. mail, and couriers. Electronic communications may include information that is confidential to your case. Risk regarding confidentiality exists in that electronic communications may be immediately intercepted by, or inadvertently misdirected to, unauthorized and unintended recipients, like an abuser.

The Center employs measures in the use of computer technology designed to maintain data security. The Center will use reasonable efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards.

You understand that by signing this agreement, you consent to the following:

- You understand that the Center uses electronic communications, such as video conferencing, email, and cellphones.
- You recognize and accept that the Center has no control over the unauthorized interception of electronic communications, and understand that risk to confidentiality exists.
- You understand that if you contact the Center to request that a particular communication be sent by a more secure means, the Center will do so.
- You understand that you may revoke this consent at any time by a written request to the Center.
- You understand that this is not a Retainer Agreement. The Center’s attorneys are retained by a prospective client only if both the attorney and the prospective client sign a separate Retainer Agreement.

I hereby acknowledge that I have read and understand this agreement and consent.

PRINT NAME

SIGNATURE

DATE



**THE SOUTHERN MARYLAND CENTER FOR FAMILY ADVOCACY
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Family Law Client Intake

Date: _____ Staff Name: _____

Petitioner: _____
(Last) (First) (Middle)

Maiden Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

May we send correspondence to you at the above address? Yes No

May we contact you and leave messages at the above numbers? Yes No

If you answered "NO" to any of the above questions, how can we contact you?

Contact Person: _____ Phone: _____

Address: _____

Who, if anyone, referred you to the Center: _____

Marital Status: Single Separated Divorced Married Widowed

Date of Birth: _____ Age: _____ Gender: M F

Highest Grade Completed: _____

Affiliation with the Military? Yes No

Race: African American Caucasian Native American Other Two or More Races
 Hispanic or Latino Asian Native Hawaiian or Pacific Islander

What is your Primary Language? _____

Are you an immigrant/refugee/asylum seeker? Yes No

Do you face religious barriers? Yes No

Are you a member of the LGBT Community? Yes No

Do you have a Disability? Yes No

If yes, please explain: _____

Are you in need of specialized services, such as an interpreter? Yes No

If yes, what services are required? _____

You are requesting an attorney to represent you in which of the following matters?

Child Custody Child Support Limited Divorce Absolute Divorce

Employed? Yes No If "Yes", are you Full Time Part Time

Employer: _____

Address: _____

Phone: _____

Attorney Decision: Yes ___ Schedule with ___ No ___ Reason Denied _____

Position Held: _____

How long with current employer? _____ Years _____ Months

May we call you at work? Yes No

Yearly Income: 0-10K 10-20K 20-30K 30-40K
 40-50K 50-60K 60-70K 70K+

Children: **(Please list all children under 18 years of age)** children 18 years of age or older living with you should be included under number of adults in the household.) If you need more room, please use the back of this sheet.

Full Name of Child	Date of Birth	Age	Name of Other Parent

Number of Household Members: Adults _____ Children _____

Have you been to the Family Advocacy Center before? Yes No

If "YES", when? _____

If "YES", under what name? _____

Do you have a current court order? Yes No

Any past Orders? Yes No

If "YES" for either question, what was the order/date/county/court and outcome? _____

Are there any charges pending against you? Yes No

If "YES" please explain: _____

Provide specific details for filing this matter.

Have you been a victim of domestic violence? Explain.

THE SOUTHERN MARYLAND CENTER FOR FAMILY ADVOCACY

Domestic Case Questionnaire

Date & Place of Birth	
Social Security Number	
Highest Grade Completed	
Prior Marriage(s) & Dates Ended	
How long lived in the State of Maryland?	

Spouse/Other Parent Name	
Address	
Maiden Name	
Date & Place of Birth	
Social Security Number	
Occupation, Employer & Address	
Highest Grade Completed	
Prior Marriage(s) & Dates Ended	
How long lived in the State of Maryland?	

Date of Marriage	
Place of Marriage	
Civil or Religious Ceremony	
Date of Separation	

Any Legal Action, including support, custody, divorce, CINA, domestic violence, criminal convictions, etc. for either party. Include state, county of court, date, and case number.	

*Personal Property				
	Item	How is it Titled	Fair Market Value	Liens/ Amount of Debt
Cars, Trucks				
Boats, Campers, Motorcycles				
Checking Accounts				
Savings Accounts				
IRAs				
Stocks, Securities, Bonds, CDs, or Other Investments				
Pensions or Retirements				
Life Insurance				
Furniture, Furnishings, Appliances				
Family Pets				
Other				
*Debts, Including Credit Cards				
To Whom Owed			Amount	Who is Liable

*Absolute Divorce or Limited Divorce Cases Only

DEFINITIONS

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses: Uninsured expenses over \$100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.

*Definitions from MD Financial Statement (Short) (DOM REL 30)

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-REQUEST FOR ADVOCATE SERVICES-

The Southern Maryland Center for Family Advocacy (hereafter referred to as “the Center”) offers an “advocate” service. Prospective clients who are eligible for this service are persons who are seeking family law services. Our advocates are available to help on non-legal issues such as referral information. Our advocates are not attorneys and cannot give legal advice. If you qualify for this Advocate Program, would you like an advocate?

Yes No

The prospective client understands that the filling out of this form and speaking with a Center representative DOES NOT make the prospective client a client of the Center. The Center reserves the right to decline services after reviewing this form and/or speaking with the prospective client.

The prospective client understands that the advocates and volunteers of the Center offer the following services only:

- Support at all hearings for which the advocate is available
- Assistance in completing court forms related to the family law matter
- Follow-up with the clients throughout the term of their family law matter
- Referrals to the Center’s legal staff for possible representation in the family law matter
- Linkage with other agencies who may provide services to the client

By signing this document, the prospective client acknowledges that final decision-making ability belongs to the prospective client and not the staff or volunteers of the Center. The Center cannot be legally responsible for the decisions made by the prospective client who utilizes the advocate services offered.

The undersigned, with the intention of binding herself or himself and the prospective client’s spouse, heirs, legal representatives and assigns, expressly releases and discharges and waives all rights, claims, demands, actions, and judgment that the prospective client may have now or may have in the future against the Southern Maryland Center for Family Advocacy, Inc. its officers, directors, employees, volunteers, and legal representatives created by rising out of, or in any way related to any services given to the prospective client.

SIGNATURE

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-CONFIDENTIALITY ACKNOWLEDGMENT-

I, undersigned, understand that all information pertaining to my case that I provide to any member of the Southern Maryland Center for Family Advocacy (hereafter referred to as the "Center") shall be confidential and that no member of the staff of the Center will generally reveal this information to anyone not employed by the Center. I also understand and acknowledge, however, that the Center may reveal otherwise confidential information if the Center believes it is reasonably necessary:

- To prevent reasonably certain death or substantial bodily harm
- To prevent me from committing a crime or fraud that is reasonably certain to result in substantial injury to the financial interests or property of another and in furtherance of which I have used or am using the Center's services
- To prevent, mitigate or rectify substantial injury to the financial interest or property of another that is reasonably certain to result or has resulted from my commission of a crime or fraud in furtherance of which I have used the Center's services
- To secure legal advice about our compliance with the law, including a court order
- To establish a claim or defense on the Center's behalf in a controversy between me and the Center based upon a conduct in which I was involved or to respond to allegations in any proceeding concerning the Center's representation of me
- To comply with the law, including a court order

I also understand that the Center may reveal otherwise confidential information if I consent or if necessary to provide me with legal representation.

SIGNATURE

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-AUTHORIZATION AND RELEASE-

I, the undersigned, understand that the Southern Maryland Center for Family Advocacy will not release information regarding my case to any individual or any agency unless requested to do so by a Southern Maryland Center for Family Advocacy funding source. * I further understand that my case information will be shared among the Center staff members.

I understand that in order to assist in efforts on my behalf, the staff at the Center may need to collect or release information pertinent to my situation. The exception includes, but is not limited to, the collection and release of written documents.

I hereby give my permission to the Southern Maryland Center for Family Advocacy to speak with, release information and documents to, and obtain information and documents from, the following:

- Any police and/or sheriff's department
- Any attorney(s) representing the opposing party
- Any attorney(s) representing me in the past
- Witnesses on my behalf
- Healthcare professionals, including county or state health departments
- Schools attended by me or my children
- Any employer(s)
- Any county or state branch of the Maryland Department of Social Services or any comparable entity in another state, territory, the District of Columbia, or foreign nation
- Any prosecutor's office
- The judiciary branch of any state, territory, the District of Columbia, or foreign nation
- Any non-staff attorney to who the Center refers my case for representation
- Any bank or financial institution
- The Internal Revenue Service
- The Social Security Administration
- The United Department of Veterans Affairs
- The Defense Finance and Accounting Service
- The Crisis Intervention Center, Safe Harbor, Angel's Watch, Center for Abused Persons
- Lifestyles of Maryland
- Three Oaks Center
- Walden-Sierra
- MedStar St. Mary's Hospital
- Any parole & probation office
- Fleet and Family Services
- Family Coordinating Council
- Any other entity providing services to victims of domestic violence

I understand that I may revoke this release at any time by a written request to the Center. I also acknowledge by my signature that I have read and understand this release.

PRINT NAME

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* Funding source may monitor records for audit and for statistical information while preserving confidentiality.

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-AFFIDAVIT-

I, _____, hereby assert:

(Please check what applies)

- that I am over eighteen (18) years of age;

- that I do not have, and cannot obtain from any source, the funds to pay legal services. (checking this box does not determine whether you will receive help from the Center. There is no disqualification for advocate services or legal representation in protective order hearings based on employment and the amount of money you earn)

I solemnly declare that the above information is true and correct to the best of my knowledge and belief.

-and-

I affirm under penalties of perjury that all the information I have provided with the Southern Maryland Center for Family Advocacy, Inc. on the foregoing pages is true and correct to the best of my knowledge, information, and belief.

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-REQUEST FOR CASE MANAGEMENT SERVICES-

The Southern Maryland Center for Family Advocacy (hereafter referred to as “the Center”), offers case management services. Prospective clients who are eligible for this service are persons who are seeking legal representation in a family law matter. Our Case Manager is available to help on non-legal issues such as referral information. Our Case Manager is not an attorney and cannot give legal advice. If you qualify for this Case Management Program, would you like our Case Manager to assist you?

Yes No

The prospective client understands that the filling out of this form and speaking with a Center representative DOES NOT make the prospective client a client of the Center. The Center reserves the right to decline services after reviewing this form and/or speaking with the prospective client.

The prospective client understands that the Case Manager of the Center offer the following services only:

- Aid with needs during and after hearings
- Accompaniment to outside agencies
- Referrals to outside agencies for counseling, shelter, etc.
- Linkage with other agencies who may provide services to the client

By signing this document, the prospective client acknowledges that final decision-making ability belongs to the prospective client and not the staff or volunteers of the Center. The Center cannot be legally responsible for the decisions made by the prospective client who utilizes the advocate services offered.

The undersigned, with the intention of binding herself or himself and the prospective client’s spouse, heirs, legal representatives and assigns, expressly releases and discharges and waives all rights, claims, demands, actions, and judgment that the prospective client may have now or may have in the future against the Southern Maryland Center for Family Advocacy, Inc. its officers, directors, employees, volunteers, and legal representatives created by rising out of, or in any way related to, any services given to the prospective client.

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