

**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

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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: _____

Have you been the victim of a crime or violent act before? Yes No
If yes, in the past 12 months? Yes No
Is the abuser the same? Yes No

Circle all that apply to your present situation?

Dating Violence	Strangulation	Weapon Use	Child Mental Abuse
Physical Abuse	Harassment	Stalking	Child Physical Abuse
Sexual Abuse	Destruction of Property	Child Sexual Abuse	
Mental Abuse	Rape	Other _____	

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What is your relationship to the abuser? _____

Full Name of abuser: _____

Birth Date of Abuser: _____

Has the abuser ever displayed self-destructive behavior such as suicide threats? Yes No
If yes, what is the nature of the behavior?

In your present situation, who are the primary victims? (Primary victims are those experiencing abuse not just witnessing the abuse)

In your present situation, who are the secondary victims? (Secondary victims are those affected by the abuse but not actually experiencing abuse, mostly household members)

For each PRIMARY VICTIM only other than yourself please answer the following:

Victim 2

Relationship to Abuser: _____

Type of Abuse: _____ Domestic Violence (Includes Child Abuse) _____ Dating Violence

_____ Sexual Assault _____ Stalking _____ Rape _____ Combination of These

Age: _____

Gender: _____ Male _____ Female

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

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

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Victim 3

Relationship to Abuser: _____
_____ Domestic Violence (includes child abuse) _____ Dating Violence
_____ Sexual Assault _____ Stalking _____ Rape _____ Combination of These

Age: _____

Gender: _____ Male _____ Female

Race: African American Caucasian Native American Other Two or More Races

Hispanic or Latino Asian Native Hawaiian or Pacific Islander

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

Did you receive assistance through the S.A.F.E. Program? Yes No
(Sexual Assault Forensic Examination Program)

Have you or the opposing party ever been investigated by the Department of Social Services/Child Protective Services? Yes No

If "YES", which one of you? _____

Is Child Abuse/Neglect suspected in this case? Yes No

DATE

SIGNATURE OF CLIENT

DATE

ADVOCATE SIGN-OFF

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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 a Protective Order. 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 protective orders
- Follow-up with the clients throughout the term of their protective orders
- Referrals to the Center legal staff for possible representation at the final protective order hearing
- 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.

DATE

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.

DATE

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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

DATE

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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:

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

that I understand that there are no income eligibility requirements for advocate services or legal representation in protective order hearings. However, the Southern Maryland Center for Family Advocacy (hereinafter referred to as the "Center") is required to collect income information for reporting purposes in order to assist funding resources in determining community need. (Checking this box has no impact on whether you will receive assistance from the Center.)

I solemnly declare that I have read and understand the terms of this Affidavit.

-and-

I affirm under penalties of perjury that all the information I have provided to the Center on the foregoing pages is true and correct to the best of my knowledge, information, and belief.

DATE

SIGNATURE

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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 a Protective Order. 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
- Follow-up with clients after Final Protective Order hearings
- 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.

DATE

SIGNATURE

***IF YOU ANSWERED "YES" TO CASE MANAGEMENT, PLEASE FILL OUT CASE MANAGEMENT INTAKE ON THE NEXT PAGE. IF YOU ANSWERED "NO," YOU DO NOT HAVE TO COMPLETE THE LAST PAGE.**

Thank you!



**Southern Maryland
Center for Family Advocacy
Case Management Intake**

Name: _____

Cell: _____

Email: _____

OK to leave a message? _____

County: Saint Mary's _____
Calvert _____
Charles _____

of Primary Victims: _____
of Secondary Victims: _____

In-House Services

Crisis Management
Crisis Support/Advising _____
*Emergency Shelter** _____
Educational Workshop _____
Program Management
Address Confidentiality _____
Victim's Compensation _____
Accompaniment** _____
Cover Letter & Resume Building _____

Referral Services

DSS
Long-Term Housing _____
Healthcare _____
Assistance Programs
Clothing/Food Pantry _____
Utilities _____
Family Law
Custody _____
Divorce _____
Child Support _____
Substance/Mental Treatment _____
Long-Term Counseling _____

*Short-Term Emergency Sheltering for up to 3 nights

**Accompaniment to outside agencies such as but not limited to: DSS, Commissioner's Office, State's Attorney's Office

In the section below, please **be specific** with housing needs and accompaniment that you are asking for assistance with.

For Office Use Only

Intake Received _____ Contact Made _____ FPO _____

Additional needs at closing: