

ACLU of Alaska Foundation 1057 W. Fireweed Lane, Suite 207 Anchorage, Alaska 99503 (907) 276-2258/ info@acluak.org www.acluak.org

## **INTAKE FORM**

Thank you for contacting the ACLU of Alaska Foundation. Please read the enclosed "INTAKE INFORMATION" sheet, and if you feel like you have an issue that falls into those guidelines, **send us a letter or email detailing the issue**. (Be brief, but give details, such as the <u>names of all people</u>, <u>companies</u>, <u>and/or government agencies</u> against whom you have a complaint.)

DO NOT ENCLOSE ANY ORIGINAL DOCUMENTS. Because we receive so many requests for assistance, we cannot return any materials you submit to us with this form. If we need more information we will contact you. We will respond as quickly as possible.

Even if ACLU of Alaska employee or volunteer has requested that you send a letter or email, it does not mean that we have decided to take your case. Sending a letter, email, or speaking with ACLU staff or volunteers does not mean that we are agreeing to be your lawyers. We will use this information to help us review the details of your case to decide whether we can provide assistance.

Please fill out the following form and submit <u>in addition</u> to a letter detailing the situation and/or events in your own words:

| First Name:                | Last Name:                               | Date:                                 |
|----------------------------|--|---------------------------------------|
|                            |  |                                       |
|                            | State:                                   |                                       |
| Email Address:             |  |                                       |
|                            | (Cell)                                   |                                       |
| If you do not have a phone | and address where we can reach you, 1    | please provide the name, address, and |
| phone number of someone v  | we can contact to leave a message for ye | ou.                                   |
|                            |  |                                       |
| Opposing Party:            |  |                                       |
| Name (First Last and/or B  | usiness)                                 |                                       |
|                            |  |                                       |
| City:                      | State:                                   | Zip:                                  |
|                            |  |                                       |
| Phone (Home):              | (Cell)                                   |                                       |
| Where did the incident occ | cur? (City/County/State)                 |                                       |
| When did the incident occ  | ur? (Be as specific as possible)         |                                       |

| Do you have a public defender or another attorney?  | Yes                         | No                               |
|---|-----------------------------|----------------------------------|
| Attorney's Name: Phone number:  |                             |                                  |
| May we contact the attorney to discuss the case?  Your signature here   | Yes                         | No                               |
| May we contact any other individuals, agencies, understanding the problem you've written us about? Your signature here                                      | _                           | that may be relevant i           |
| Witnesses or persons with information regarding you telephone and whether we may contact the person)  | ır complaint: (Plea         | se include name, full addres     |
| Is there anyone that you <u>DO NOT</u> want us to contact   |                             |                                  |
| Have you filed a complaint with any other agencies?  If so, please describe and include the dates, case no opposing counsel and current status of the case. | Yes<br>umber, case title, c | No<br>ourt of jurisdiction, judg |
| What kind of help do you want from the ACLU of Al   | aska?                       |                                  |
| Briefly describe any documents that may help us eva   | luate your case.            |                                  |
| Form Prepared By:   | Date:                       |                                  |

Please note: There may be statutes of limitations or other important deadlines that apply to your case. You may wish to contact the Alaska Bar Association's Lawyer Referral Service at 272-0352 (1-800-770-9999, outside of Anchorage) for more information on retaining an attorney.