

REQUEST FOR ASSISTANCE FORM

Are you the Client? Yes No

Except in limited circumstances, ACAP can only communicate with the Client. If you are not the client, you should ask the client to contact us directly.

Acknowledgements (carefully read and respond to each item)

- | | |
|---|------------------------------|
| <i>I understand that ACAP cannot provide legal advice, attorney referrals, or legal services.</i> | <input type="checkbox"/> Yes |
| <i>I understand that ACAP cannot require a lawyer to communicate with someone who is not the client.</i> | <input type="checkbox"/> Yes |
| <i>I understand that ACAP cannot dictate how an attorney represents you or force them to file motions on your behalf.</i> | <input type="checkbox"/> Yes |

Your Information

| | | | |
|---|--|---------------|--|
| Your Name: | | Date: | |
| Address: | | | |
| City/State/Zip: | | | |
| Phone Number: | | Email: | |
| Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | |

Attorney Information

| | | | |
|------------------------|--|----------------|--|
| Attorney Name: | | Bar ID: | |
| Law Firm: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| Phone Number: | | | |

Information About Your Legal Matter

| | | | |
|--|---|--|--|
| Type of Matter: | | | |
| County where case is/was handled: | | | |
| Status of Legal Matter: | <input type="checkbox"/> Pending <input type="checkbox"/> Completed | | |
| Date Lawyer was <input type="checkbox"/> Hired <input type="checkbox"/> Appointed | | | |
| Date of Last Communication with Lawyer: | | | |

Assistance Requested

- | | | |
|--|---|---|
| <input type="checkbox"/> Status of Legal Matter | <input type="checkbox"/> Difficulty communicating with lawyer | <input type="checkbox"/> Lawyer’s contact information |
| <input type="checkbox"/> Copy of file <small>(case must be completed)</small> | <input type="checkbox"/> Return of file or documents | <input type="checkbox"/> Other: _____ |

Brief Description of the Issue