

◆◆◆COLLIN COUNTY INDIGENT PRO SE ASSISTANCE INTAKE FORM◆◆◆

Please PRINT

Name of Applicant: _____

Street Address: _____

Home Phone: _____ Cell #: _____

City _____ Zip Code _____ State _____

Work Phone: _____

County _____

Name of "Adverse" or "Opposing" Party _____

Do you now have or have you ever had a lawyer representing you in this matter? Yes No

Briefly describe your legal problem/need: _____

Please read the following statements and date and sign in the spaces provided below:

I know that I can hire an attorney to represent me. I choose to represent myself.

I know that I am responsible for my case, and I will have to do all of the work on my case like preparing and filing my paperwork, making sure that the opposing party is served with legal notice of the lawsuit (if required), and testifying at the court hearing, etc.

I understand that the reference attorney may provide assistance to me, but **the reference attorney is not my attorney. The reference attorney does not represent me and cannot give me legal advice.**

I understand that I should consult with my own attorney if I want personalized advice or strategy, to have a confidential conversation, or to be represented by an attorney in court.

I understand that speaking with the reference attorney does not create an attorney-client relationship and any communications between me and the reference attorney are not confidential.

I understand that the reference attorney may provide information and services to all other parties in my case (such as my spouse or the other parent of my children).

I understand that it is my responsibility to ensure that the information provided by the reference attorney is the full, complete and accurate statement of the law prior to acting on the information provided and that the reference attorney is not responsible for the outcome of my case and that I am solely and completely responsible for any action I may take based upon information provided by the reference attorney.

Signature: _____

Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

Date Seen: _____

Ref. Atty. _____

Referred by: Court Law Library

1st Visit/_____ Visit

Kind of Case:

Divorce w/children

Modification

SAPCR

Other _____

Assistance Provided:

Referral

Drafted documents

Other _____

Reviewed documents

Legal information

Referred to:

Legal Aid of Northwest Texas

Texas A.G.

Law Library

Hope's Door

Lawyer Referral Service

Other _____