AMERICAN CIVIL LIBERTIES UNION *of* NEW HAMPSHIRE

INTAKE QUESTIONNAIRE

Please be aware that we receive many requests each month and will respond to your request as quickly as possible. Because we cannot return any submitted materials DO NOT enclose original documents with this form. We will contact you if we need additional information. Before completing this form, please read the Criterial and Process for Accepting Legal Cases document.

IMPORTANT: Unless and until the ACLU of NH agrees to take your case, you are solely responsible for any and all statute of limitations or other deadlines that might apply to your specific situation. If you have concerns about the statute of limitations or if you feel your case demands immediate attention, then you should seek advice from an attorney.

Please complete this form as completely as possible and return it to our office at 18 Low Avenue, Concord, NH 03301. Keep a copy for your personal records.

Name _____ Date_____

Address _____

City _____ ST _____ ZIP_____

Home Tel # _____ Cell # _____ Other # _____

WHAT IS THE NATURE OF THE COMPLAINT? *Provide brief detailed information including when and where the problem occurred, dates and names of people and government agencies etc. with whom you have a complaint.*

PRINT CLEARLY

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Please describe any attempts you have made to resolve this problem. Include names of individuals and agencies, dates and a brief description of each result.

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Are you represented by an attorney in this matter? _____**If so, please provide the attorney's name and telephone number.**

Name_____Tel #_____

What kind of help are you seeking from the ACLU of NH? _____

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If you have documents you believe may help us evaluate your complaint please describe them briefly. We will contact you if we need a copy. Do not enclose them.

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Where we might deem it appropriate or helpful, do we have your permission to contact authorities or other persons regarding your complaint? _____. **If yes, may we use your name?** _____ **Is there anyone you would NOT want us to contact?**_____

_____

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To complete this form, please sign on the line below

SIGNATURE:_____

FOR ACLU OF NH

Date received_____ Received by: _____ Volunteer Attorney: _____

Follow Up information:_____

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Date closed & disposition_____