

Request for Legal Assistance/Legal Intake Form

Your Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip : _____ Daytime Phone: _____

State The Reason Why You Are Communicating With The NYCLU:

- To seek a referral: Yes ___ No ___
- To obtain legal representation by the NYCLU: Yes ___ No ___
- To alert the NYCLU of a governmental practice or policy that is implicating a constitutional right: Yes ___ No ___
- Other, please specify: _____

Location of incident: City _____ County _____ State _____

Date of Incident: _____

My complaint is against the following:

Name of Person or Agency: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please provide a **concise summary** of the events that have prompted you to contact NYCLU.

If you need more space, please attach one additional page

If you are represented by an attorney please indicate his/her name, address, and telephone:

Please do not send documentation with your letter. If we need more information, we will contact you. We do not communicate by electronic mail.

Please send this form to: New York Civil Liberties Union, 125 Broad St., 19th Fl., New York, NY 10004

Telephone: 212-607-3300 Facsimile: 212-607-3329

Attention: Legal Intake Committee

Revised on 12.07.09