

**INJUNCTION FOR PROTECTION PROJECT (IFP)  
INTAKE / REFERRAL FORM**

Date: \_\_\_\_\_ Next court **date & time** (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
**First Middle Last**

Date of Birth: \_\_\_\_\_ **Safe** phone # and E-mail (if available) \_\_\_\_\_

**Safe to Leave a Voicemail? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Safe to Send a Text Message? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Safe** address where you can receive mail (if available):  
\_\_\_\_\_

How did you hear about the Injunction for Protection Legal Project? (Name of Person/Agency & Phone number): \_\_\_\_\_

Have you ever had a case with or against, or have you ever consulted with any of the following attorneys: **Lisa Larmond; Courtnie C. Copeland; Michelle Harper; Anajah McNish; Keila Belt; Juliana Chereji; Andrew Thomas; Xiomara Cruz; Jazmira Argueta Wheeler; Frances Bethel; Arielle Nicholls, Christina Varela, Donna L. Johnson?**

To your knowledge, has the person you are seeking an injunction against ever been represented by or consulted with any of the above attorneys? \_\_\_\_\_

Have you consulted with or signed a retainer agreement with Legal Aid or another attorney for this matter? \_\_\_\_\_

What is the **name, date of birth, and address** of the person against whom you are seeking an Injunction? \_\_\_\_\_  
\_\_\_\_\_

What is your relationship with the person against whom you are seeking an injunction?  
\_\_\_\_\_

If you have minor (under 18) children in common what are their names and dates of birth?

Are you seeking any of the following on behalf of your children:

Injunction? Yes \_\_\_\_\_ No \_\_\_\_\_

Child Support? Yes \_\_\_\_\_ No \_\_\_\_\_

Timesharing/Custody? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need an interpreter for a language other than English for your hearing or to speak with your attorney, if s/he does not speak your language? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

Briefly describe the incident(s) [*with dates & locations*, etc.] that led you to seek an Injunction:

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**\*\* IF YOU ARE CURRENTLY THE SUBJECT OF A DCF INVESTIGATION OR HAVE AN OPEN DEPENDENCY CASE, PLEASE FILL OUT THE FIELDS IN THE FOLLOWING SECTION. WE HAVE SPECIALIZED DEPENDENCY ATTORNEYS WHO MAY BE ABLE TO HELP**

Is there an open DCF Investigation regarding you and/or your children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the Name and Phone Number of the CPI: \_\_\_\_\_

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Do you have an open/pending Dependency Case? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the following (if known):

Case No.: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

Name of Judge or General Magistrate: \_\_\_\_\_

Name, DOB and Address of Children's Other Parent/Guardian/Custodian? \_\_\_\_\_

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Name, DOB and Address of Other Adults who are involved in the DCF case/investigation (for example, your significant other or another family member who lives in your home):

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**THE FOLLOWING INFORMATION IS OPTIONAL AND IS COLLECTED FOR STATISTICAL PURPOSES ONLY. THE SERVICES PROVIDED BY THIS CENTER ARE OFTEN FUNDED BY GRANTS THAT REQUIRE THE COLLECTION OF STATISTICAL DATA. THE STATISTICS GATHERED WILL BE COMPLETELY ANONYMOUS. WE WILL NOT RELEASE YOUR NAME OR ANY OF YOUR PERSONAL OR IDENTIFYING INFORMATION TO OTHER AGENCIES WITHOUT YOUR CONSENT.**

**RACE / ETHNICITY (Check all that applies):**

American Indian/Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>
Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>
White Non-Latino/Caucasian	<input type="checkbox"/>
Some Other Race	<input type="checkbox"/>
Multiple Races	<input type="checkbox"/>

**AGE (check one):**

18-24	<input type="checkbox"/>
25-59	<input type="checkbox"/>
60 and Older	<input type="checkbox"/>

Are you a Veteran? \_\_\_\_\_

Are you Deaf or Hard-of-Hearing? \_\_\_\_\_

Are you currently homeless? \_\_\_\_\_



**WOMEN IN DISTRESS**  
OF BROWARD COUNTY, INC.<sup>™</sup>  
JIM & JAN MORAN FAMILY CENTER  
P.O. Box 50187 Lighthouse Point, FL 33074

**INJUNCTION FOR PROTECTION PROJECT**  
**LIMITED RETAINER AGREEMENT**

I, \_\_\_\_\_, do hereby retain **THE INJUNCTION FOR PROTECTION PROJECT (IFP)**, solely for the purpose of obtaining and receiving information necessary to determine whether the matter that I have consulted the IFP Attorney about is a matter in which the attorney can or will provide me with representation. If, after reviewing the information related to my case, the attorney determines that s/he cannot accept my case, the Attorney will notify me, and will not act as my attorney with regard to this matter.

I understand that even if the IFP Project is not able to represent me, it is possible that the IFP Project will provide me with a legal advice and counsel. The advice and counsel may be given in person or come in the form of a letter or telephone call. If I am provided with legal advice and counsel only, I understand that the IFP Project **WILL NOT** be representing me in Court or in any manner other than the consultation.

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If the Attorney accepts your case, you will be notified and asked to sign an Engagement Agreement to Accept Legal Services.

\_\_\_\_\_  
APPLICANT's SIGNATURE

\_\_\_\_\_  
DATE



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**INJUNCTION FOR PROTECTION PROJECT**

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the **INJUNCTION FOR PROTECTION PROJECT (IFP)** to obtain, inspect, copy and receive any information in my possession pertaining to myself and any minor child (ren, if applicable. This release is given without limitation and applies to both confidential and non-confidential information in my possession and from any source and in any form (including, but not limited to police reports; photographs, text messages, emails; social media posts; substance abuse assessments/evaluations; psychological and psychiatric evaluations; therapy treatment plans and progress summaries; medical records; and urinalysis results, etc.).

This release will expire within 90 days of the date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date