



## Intake Form – Tickets & Expungements

### CONTACT INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Driver License #: \_\_\_\_\_

### VETERAN STATUS

Branch of Service:

- US Air Force
- US Army
- US Coast Guard
- US Marine Corps
- US Navy

Years of Service: \_\_\_\_\_

Start Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Rank/ Grade at Discharge

Discharge Status:

- Honorable
- General
- OTH
- BCD
- Dishonorable

#### Deployments

- Vietnam
- Desert Storm
- Bosnia
- Kosovo

- Afghanistan (OEF)
- Iraq (OIF/ OND)
- Other (list) \_\_\_\_\_

List Awards Received:

### PERSONAL INFORMATION

Gender:

- Male
- Female
- Non-binary

Age:

- 17 & under
- 18-24
- 25-54
- 55-64
- 65 & up

Race:

- African American
- Asian/Pacific Islander
- Caucasian
- Latino/Hispanic
- Mixed Race
- Native American
- Other

Family Status

- Single
- Married
- Family with Children

Household Size: \_\_\_\_\_

Children under 18: \_\_\_\_\_

Adults 18 or over: \_\_\_\_\_

Income per month

- \$0
- 100-250
- 251-500
- 501-1000
- 1001-1500
- 1500 & up

Enter Income: \_\_\_\_\_

Source of Income

- Business Income
- Job
- TANF
- GR
- SSI/SSDI
- VA Disability
- Other

Currently Homeless:  Yes  No (if no, at risk?  yes  no)

Chronically Homeless:  Yes  No

(Chronically homeless defined as homeless more than 4 times in 3 years -or- Disabled and homeless more than 1 year)

Disabled:  Yes  No

Please Describe: \_\_\_\_\_

Service Related:  Yes  No

Do You Have A VA Disability Rating:  Yes  No % \_\_\_\_\_

May we refer your information to a non-profit agency called US VETS for additional services such as housing and job placement?  Yes  No

### LEGAL SERVICES REQUESTED (check all that apply)

#### Tickets & Warrants

- Moving Violation
- Photo Enforcement Ticket
- Other Ticket: \_\_\_\_\_

#### Expungement

- Misdemeanor
- Felony

#### Driver's License Reinstatement

- Court Ordered Hold- Traffic Ticket
- Child Support Hold
- Other: \_\_\_\_\_

Date

Signature

Workshop provided by the LA County Bar Association's Veterans Project.  
In assisting you we are not acting as your attorney. WE DO NOT REPRESENT YOU.



## Disclosure and Disclaimers

1. *No Attorney-Client Relationship:* I have been told and I understand that the presenters of this workshop/clinic are not my representative or attorney. They will be providing general information about the process of resolving outstanding tickets and warrants. If I wish to consult with an attorney or retain the services of an attorney to advise me in my legal matter, I should do so by contacting an attorney who is not part of the workshop/clinic.

I have been told and I understand that there is no attorney-client privilege and I understand that none of the volunteers or presenters of this workshop/clinic will be with me in court to represent me.

2. *Workshop Separate from Superior Court:* I have also been told and understand that while this workshop contains information published by the Los Angeles Superior Court, attendance at this workshop does not guarantee success in my legal matter nor will I receive preferential treatment in court room from having attended this workshop.

I have read the above, I have been able to ask questions about each disclosure, and by signing below, I am stating that I understand and agree to the above.

Date: MM/DD/YYYY

Name: First Name Last Name

Signature: Signature

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### Authorization to Search Court Database

- (1) I understand that using my driver's license, date of birth, ticket number, and/or case number, and any related information which I have provided, to conduct a search for outstanding tickets on the courts' websites can be helpful to LACBA Veterans Legal Services Project staff, and/or the volunteer attorney(s), in providing assistance to help resolve those outstanding matters.
- (2) I understand that if I have an outstanding red-light camera ticket, conducting a search for tickets using the courts' websites and discovery of the red-light camera ticket, will constitute notice of that ticket. After such search, I will no longer be able to tell the court that I was unaware of that ticket.
- (3) By signing below, I authorize the Veterans Legal Services Project staff, and/or the volunteer attorney(s) to use my driver's license, date of birth, ticket number, and/or case number, and any related information which I have provided, to conduct a search for outstanding tickets on all websites for courts located within the state of California.

Date: MM/DD/YYYY

Name: First Name Last Name

Signature: Signature

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## Authorization for Inclusion of Confidential Medical Information

- (4) I understand that all information contained in any documents prepared on my behalf by the Los Angeles County Bar Association's (LACBA) Veterans Legal Services Project staff, and/or the volunteer attorney(s), and subsequently filed by me with the court, will become a matter of public record.
- (5) I understand that information pertaining to my medical conditions, mental health, HIV/AIDS status, substance abuse (drug or alcohol), and the treatment thereof, is confidential. I understand that the LACBA Veterans Legal Services Project is requesting my consent to include the above-referenced information that is provided by me, in documents that are prepared for my submission to the court.
- (6) I understand that it has been the experience of the LACBA Veterans Legal Services Project staff, and/or the volunteer attorney(s), that when a veteran provides medical information, and that information is included in documents that the veteran later submits to the court, that it may be helpful in obtaining a more favorable outcome for the veteran.
- (7) I understand that signing this authorization is voluntary. Assistance with the preparation of court documents by the Veterans Legal Services Project staff, and/or the volunteer attorney(s), is not conditioned upon my consent to include any medical information that I have provided in the documents that I will submit to court.
- (8) I understand that I have the right to revoke this authorization at any time, except to the extent that I have already filed documents with the court that were prepared in reliance on this authorization and included the above-referenced confidential information.
- (9) By signing below, I acknowledge that I have read this entire document and have had the opportunity to ask questions about its contents.

I hereby authorize the LACBA Veterans Legal Services Project staff, and/or the volunteer attorney(s), to include any confidential medical information provided by me, including information pertaining to my medical condition(s), mental disorders, HIV/AIDS status, substance abuse, or treatment thereof, in documents that are prepared on my behalf for my submission to the court.

Date: MM/DD/YYYY

Name: First Name Last Name

Signature: Signature

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