

STUDENT CONSULTATION APPLICATION

- Are you currently being seen by an Attorney? Yes ___ No ___
- Do you have documents pertaining to your concern? If so please attach. Yes ___ No ___
- In what city or county did this incident originate? _____

Please write a brief description of any additional information or other concerns:

DISCLAIMER:

I am enrolled in classes for the current semester at the University of North Texas. This legal matter for which I am requesting consultation with the Office of Student Legal Services concerns my personal legal problems only, and is not a problem of a relative, friend, acquaintance, or another student at the University of North Texas. My legal problem does not involve another University of North Texas student, faculty member, staff member, administrator, or department at the University of North Texas. I understand that any misrepresentation of my status may result in the suspension of any services provided by this office. I have received a copy of and have read and understand the document entitled, "Welcome to Our Office."

Printed Name

Signature

Date

The information contained in this form is to be considered confidential and solely for the use of the person completing this form, and the Office of Student Legal Services. Any disclosure, copying, distribution or taking action in relation to the information in this form is strictly prohibited and may subject the unauthorized user to any and all available remedies under the law for such unlawful use.

Landlord/Tenant Checklist:

- Complete the new client intake form.
- Provide a copy of your current lease and the move-in conditions form (as well as the move-out form if applicable), that you filled out and provided to your landlord.
- Please make a list of all issues that you are having with your apartment/house and/or landlord.
- Please make a timeline of the significant dates regarding your concerns.
- Please provide information regarding **each time you contacted your landlord**, the method of contact, the contact information, and the information provided to your landlord. Include any documentation that you have.
- Please provide information regarding **each time your landlord contacted you**, the method of that contact and the information provided. Include any documentation that you have.
- Please provide any pictures or video regarding this matter.
- Please provide the names and email addresses of any roommates that you have, indicate whether they are UNT students and if they wish to be included in any action that may be taken.
- Please provide the names and email addresses of any witnesses that may have information regarding this matter. Indicate whether they are UNT students.
- **If you wish for us to be able to discuss this matter with someone on your behalf, please complete the client confidentiality waiver and indicate the name of the person(s).**

Acknowledgement Form

In order for the Office of Student Legal Services (“SLS”) to effectively represent you, it is of the utmost importance that we have means of contacting you. Therefore, you agree to keep us advised of your current contact information, including, but not limited to, address, telephone number and email address. Additionally, you are required to actively participate in the process of your representation by timely returning phone calls, emails, electronic messages, texts or answers to correspondence, arriving at scheduled meetings timely and in a prepared fashion, and always scheduling appointments for meetings prior to appearing at the office or remotely (**arriving at the SLS office without a pre-scheduled appointment means that you may not be seen, except in cases of emergency**).

You may refuse or terminate services from SLS by written notice to SLS, to be effective immediately upon receipt. Subject to the applicable provisions of the Texas Code of Professional Responsibility, SLS may withdraw from representing you for any reason, including (i) failure to cooperate with any reasonable request, or (ii) taking or failing to take any action which makes it unduly costly or difficult to continue to represent you. You agree to hold SLS, the University of North Texas, its employees, interns, and representatives harmless from liability regarding the services provided to you by SLS.

Additionally, SLS may immediately terminate representation and services should we determine that you have not been forthright in your representations to SLS regarding any of the facts in your circumstances or matter.

This Acknowledgment is binding upon your respective heirs, successors, assigns, executors, administrators, and legal representatives.

If this Acknowledgment accurately sets forth the terms of engagement between you and SLS, please so indicate by signing and returning the form to the SLS offices.

Client Signature

Date

Confidentiality Statement

I, _____, am about to enter a preliminary consultation with the Office of Student Legal Services (“SLS”) at the University of North Texas. I understand that for the purpose of this consultation I will enjoy a privilege of confidentiality, wherein nearly all communications are protected from disclosure to third parties. Third parties may include my parents and/or guardians.

I understand that there are circumstances in which I may wish to have a parent, spouse, guardian or others speak with the SLS office about my case. It has been explained to me that in order for this office to discuss my matter with a third party, I must sign a waiver of confidentiality and submit it to this office. Absent a signed waiver, I understand that they will not discuss my matter with any third party unless subject to court order, subpoena, or subject to other law. I have been advised that a student should only waive confidentiality of their own free will. I understand that a third party could potentially disclose confidential information to the larger community and may also be subject to subpoenas to testify against me in judicial proceedings concerning the disclosed information.

After been advised of the above, I wish to have _____ accompany me as I consult with the SLS Office. I wish to also allow this person to communicate with the any SLS Attorney or SLS support staff regarding specifics of my matter beyond this initial consultation.

I have read and understand the foregoing information and hereby waive my privilege of confidentiality.

Client Signature

Date

Consultation Agreement and Information

I, _____, understand that depending on the subject matter, and the policies and procedures of the Office of Student Legal Services (“SLS”) at the University of North Texas I may be able to consult with a UNT Student Legal Services Attorney.

If the Office of SLS decides to assist me in my matter, I understand that I must be timely in responding to any and all communication from SLS. I also understand that I solely will be responsible for paying any court related costs and/or fees.

I understand that any paperwork provided by me to SLS will be copies, and not original documents, and will be disposed of after 6 years from the closing of my file. I understand that I may not be able to receive copies of any paperwork.

Client Signature

Date

