**Date of Intake:«M\_1» Intake Person: «intake»**

**Case Number: I-**

**CLIENT CONTACT INFORMATION**

|  |  |
| --- | --- |
|  |  |
| **Name: «clientname»** | **City:** «city» |
| **Address:«address»** | **Zip:** «zip» |
| **State:«state»** | **Phone** (Home)**:«phoneh»** |
| **Email**: «email» | **Phone** (Cell)**: «phonec»** |
| **Work: «work»** |  |

**CLIENT DEMOGRAPHICS:**

|  |  |
| --- | --- |
| **DOB:«dob»** | **Age:«age»** |
| **Race:«race»** | **Ethnicity/National Origin: «ethnicity»** |
| **No. of people in household:«number»** | **Have we ever represented you or a household member before: YES / NO «represent»** |
| **Children under 18: «children»** | **Ages of children: «childage»** |
| **Assigned Gender: «gender»** | **Gender Expression:«genderexp»** |
| **Legal Gender:«genderleg»** | **Sexual Orientation:«sexualorient»** |
| **Color** (*based on skin color)****: «color»*** | **Immigration Status: «immigration»** |
| **Marital Status:«marriage»** | **Disability:«disability»** |
| **Public or Rental Assistance: «pubrent»** | **Military/Veteran Status:** «veteran» |
| **Religion: «religion»** | **Language:«language»** |

**INCOME:**

|  |  |
| --- | --- |
| **Total Household Income:«income»** | |
| **Household Member Name:** | **Source(s) of Income: please list (1) source; (2) amount, and (3) frequency – weekly/monthly/yearly)** |
|  | «memberincome» |
|  | «memberincome» |
|  |  |

**PROPERTY AT ISSUE:**

|  |  |
| --- | --- |
|  | **Single Family Home**  **«property»** |
|  | **Duplex«property»** |
|  | **Apartment Complex: Please estimate how many apartments in complex:** |
|  | **Condominium«property»** |
|  | **Mobile Home«property»** |
|  | **Other, please specify:«property»** |

**Please identify the type of housing transaction that you are concerned about? Check all that apply.**

|  |  |
| --- | --- |
|  | **Rental**  **«housingtransaction»** |
|  | **Sale** |
|  | **Advertisement** |
|  | **Lending/Insurance**  **«housingtransaction»** |
|  | **Other, please specify:**  **«housingtransaction»** |

**When did the alleged discrimination occur? (List all dates)**

**Date(s): ­­­­­­­ «whenoccured»**

**Was there an advertisement and if so, where was it found?**

|  |  |
| --- | --- |
|  | **Craigslist**  **Ad # or Listing # if available: «listinginfo»** |
|  | **Trulia**  **Ad # or Listing # if available: «listinginfo»** |
|  | **Zillow**  **Ad # or Listing # if available: «listinginfo»** |
|  | **Newspaper: Please Specify:**  **Ad # or Listing # if available: «listinginfo»** |
|  | **Apartments.com**  **Ad # or Listing # if available: «listinginfo»** |
|  | **Other, please specify:**  **Ad # or Listing # if available: «listinginfo»** |

**Please provide information about the Housing Provider/Agent** (if known)**:**

|  |  |
| --- | --- |
| **Realtor or Agent name:** | **Address/Contact information:**  **«housingagent»** |
| **Real Estate Company name:** | **Address/Contact information:**  **«estatecompany»** |
| **Landlord / Owner name:** | **Address/Contact information:**  **«landlordname»** |
| **Management Company name:** | **Address/Contact information**:  «managementname» |
| **Other:** | **Address/Contact information:**  **«otherprovider»** |
| **Unknown** (*check if no information available)****:*** | **Address/Contact information:**  **«otherprovider»** |

**Briefly describe the alleged discriminatory act that occurred:**

**When did the alleged discrimination occur? (List all dates)**

**How did you hear about us?**

|  |  |
| --- | --- |
|  | **Internet/Website:«howdidyou»** |
|  | **Someone assisting you with housing search:«howdidyou»** |
|  | **Friend/Coworker: «howdidyou»** |
|  | **Advertisement: «howdidyou»** |
|  | **Social worker/Service provider:** |
|  | **A Fair Housing Agency, please name:«howdidyou»** |
|  | **Legal Aid Agency, please name:«howdidyou»** |
|  | **Other:«howdidyou»** |

**TO BE COMPLETED BY HDTP:**

**Action Taken/Next Steps:**

|  |  |
| --- | --- |
|  | **Student Assigned? YES / NO Name:** |
|  | **Referred to other agency: \_\_\_\_MCAD \_\_\_\_\_\_\_ AGO \_\_\_\_\_\_Boston Office of FH and Equity**  **\_\_\_ HUD \_\_\_\_\_ MBHP \_\_\_\_FH Center of GB \_\_\_\_ Cambridge Human Rights**  **\_\_\_Disability Law Center \_\_\_\_ GBLS** |
|  | **Other:** |
|  | **Disposition of case:** |

**TO: [Supervisor]**

**FROM: [Student Attorney]**

**DATE:**

**PRILIMINARY INFORMATION**

|  |  |
| --- | --- |
| **Client Name**: | **File Number**: |
| **Intake date: «M\_1»** | **Date of Initial Client Interview: «M\_1»** |
| **For Discrimination Cases Only:**  **Statue of Limitations -**  On-going  *Calculate as of date of last incident.*  *Date of last Incident:*  **MA Court** (1 year):  **HUD** (1 year):  **MCAD** (300 days):  **Boston** (6 months): | **Conflict Check Date**:  Conflict Check Noted in Time Matters  Opposing Party info entered in TM |
| **Location of Property:** (city/address) | **Does Owner/Landowner Live in the Property?**  Yes  No  **3 Units/Apartments or Less?**  Yes  No  If no, how many units: |

**Summary of Facts:**

|  |
| --- |
| **«briefdescription»** |

**Client’s Goals/Desired Outcomes (Prioritize If Known):**

|  |
| --- |
|  |

**Possible Legal Issues:**

|  |
| --- |
|  |

**Possible Factual Issues – Additional Information to Investigate:**

|  |
| --- |
|  |

**Possible Witnesses:**

|  |  |  |
| --- | --- | --- |
| **Witness Name** | **Contact information** | **Information Witness May be Able to Confirm** |
|  |  |  |
|  |  |  |
|  |  |  |

**Potential Evidence/Documentation:**

|  |  |  |
| --- | --- | --- |
| **Type of Evidence** | **Source of Evidence** | **Does it Require a Client Release/HIPPA?** |
|  |  |  |
|  |  |  |
|  |  |  |

**Information about Housing Provider:** (Ex: list of property owned, assets, job, marital status, social media presence)

|  |
| --- |
|  |

**Legal Research Plan:**

|  |
| --- |
|  |

**Next Steps:**

|  |
| --- |
|  |

CASE CLOSING INFORMATION

Client’s Name:

File No.:

Supervisor’s Name:

Closing Date:

Reviewed By:

Date Reviewed:

Approximate Hours Spent on Case:

Fees Collected:

Type of Representation:  Advice;  LAR; Full Rep; Other

Referral provided: No, Yes: (Where)

1. Summary of Problem:

     [Provide a brief summary of the facts and issues presented by the case]

1. Disposition of Case:

[Provide a brief summary of the steps taken to resolve the matter and describe the resolution, briefly highlight terms of settlements.]

1. Reason for Closing:

[Ex. Referred after assessment, reached a settlement agreement, client did not return, won hearing, etc…]

1. Was client’s objective obtained? If not, why not?

Use “X” if completed:

All necessary orders entered

Notice of motion to withdraw entered

Client billed for outstanding expenses

Remaining or outstanding trust fund money returned to client

Original and other necessary documents returned to client

Extra copies and extraneous materials removed from file

Closing memo, date notations, and other required information completed in file and electronic case management system.

New law made, useful memo/reach or sample pleading, etc., developed and conveyed to other staff and saved on shared drive.

All client, opposing party/counsel, and witness contact information is entered in Time Matters.

All relevant documents have been scanned/saved in Time Matters.

All case activity and time is documented in Time Matters.

Closing letter sent to client.

Delete all client information from your personal devices (such as computers, smart phones, tablets, etc.)

“Scrub” all client information from your computer. See student manual for instructions

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

Dear: \_\_\_\_\_\_\_«clientname»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Individual(s) Interviewed)

Thank you for seeking assistance with your wage and hour issue at the Attorney General’s Wage Theft Clinic (Wage Theft Clinic). The Accelerator Practice **does NOT** represent you at this time. After our brief interview at the Wage Theft Clinic, it appears that the Accelerator Practice (check one):

1. □ ***MAY* be able to offer you some assistance**.

Please contact our intake line at: (617) 884-7568 to complete the intake process. Someone will call you to schedule a follow-up intake interview. We will inform you if we can offer you any assistance after the follow-up intake interview. If you do not call the intake line within seven days from the date above we will assume that you no longer need our assistance. *Note: you only have three (3) years from the date of the wage violation to file a claim in a Massachusetts court and only have two (2) years from the date to file in federal court.*

1. □ **Unfortunately, CANNOT offer you any assistance**.

**Please Contact The Organizations Listed Below For Further Assistance:**

|  |  |
| --- | --- |
| □Attorney General  One Ashburton Place, (617) 727-2200 | □ US Department of Labor  JFK Federal Building, Room E-260, (857) 264-4600 |
| □MA Commission Against Discrimination  1 Ashburton Pl # 601, (617) 994-6000 | □ Workers Compensation  1 Congress Street, Suite 100, 617-727-4900 |
| □Unemployment  19 Staniford Street, 617-626-6560 | □ Legal Services  □GBLS, □HLAB, □ VLP, □Other |
| □OSHA  138 River Road, Suite 102, Andover, MA 01810 (978)837-4460 | □ Private Attorney |
| □National Labor Relations Board  10 Causeway St #601, (617) 565-6710 | □ Other: |

DATE

,,

RE: Closing Letter

Dear :   
  
You originally contacted us regarding a [**FILL IN THE ISSUE**: SUCH AS HOUSING, DISCRIMINATION, EMPLOYMENT, ETC…] matter. Unfortunately, we will not be taking your case. I am writing to confirm that we cannot represent you regarding this issue.

You should be aware that there are limited time periods to file your discrimination claim. If you later decide that you wish to file a discrimination complaint, you have one (1) year from the date of discrimination to file a claim with the U.S. Department of Housing and Urban Development or in a Massachusetts state court; three hundred (300) days to file with the Massachusetts Commission Against Discrimination; and six (6) months to file a claim with the City of Boston’s Fair Housing Commission. If you wish to pursue the discrimination matter, you should contact one of these agencies directly to file a claim or seek other legal help

The Suffolk University Accelerator Practice Clinic retains your file for seven (7) years. After seven (7) years has passed, your file will be destroyed. If you would like a copy of your file now or at any time prior to the end of the seven year period, please reach out to us. If you have any questions regarding your file, you may reach out to me at (617) 573-5774.

Below is a list of other referral sources you may wish to contact. We wish you the best of luck.

|  |  |  |
| --- | --- | --- |
| **Eviction Assistance:**  Greater Boston Legal Services  197 Friend Street  Boston MA 20114  (617) 371-1234  Eviction Clinic Monday mornings at 8:30am | **Housing Discrimination in Boston:**  Boston Fair Housing Commission  Boston City Hall  One City Hall Plaza, Room 966  Boston, MA 02201  (617) 635‐4408 | **Housing Discrimination in MA:**  Massachusetts Commission Against Discrimination  One Ashburton Place  Sixth Floor, Room 601  Boston, MA 02108  (617) 994‐6000 |
| **Disability Related Issues**:  Disability Law Center  11 Beacon St #925,  Boston, MA 02108  (617) 723-8455 | **Housing Discrimination in MA:**  Massachusetts Attorney General’s Office  Civil Rights Division  100 Cambridge Street, 11th Floor  Boston, MA, 02108  617) 727‐2200 | **Housing Discrimination:**  U.S. Department of Housing and Urban Development  Office of Fair Housing and Equal Opportunity  Thomas P. O'Neill, Jr. Federal Building  10 Causeway Street, 3rd Fl.  Boston, MA 02222‐1092  (617) 994‐8300 |

Sincerely,

ACCELERATOR STAFF NAME