

TTU/STUDENT LEGAL SERVICES

LANDLORD/TENANT

To be eligible for legal services you must be currently enrolled at Tech and possess a current Tech ID card.

DATE: _____

TTU ID No. R

Last Pronouns:	He/Him/His	She/Her/Hers	First They/Them/Theirs	Middle Other: _____	Date of Birth Prefer not to answer
Local Address		City		State	Zip Code
Primary Phone Number		Secondary Phone Number		E-mail Address	

Please indicate if we *SHOULD NOT* contact you at any of the above locations.

Alternate Contact: (Friend or Relative who can give you a message) _____

Biological Sex:	Male	Female	Intersex	Prefer not to answer	Name	Phone Number	Relationship
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Gender:	Man	Woman	Transman	Transwoman	Gender Non-Conforming/Gender Queer	Prefer not to answer
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Classification:	First-Year	Sophomore	Junior	Senior	Graduate
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College:	A&S	ARCH	AS&NR	BA TTUHSC	EDU TTU LIBRARIES	ENGR UNIV COL	GRAD SCH	HONORS V&PA	HUM SCI	LAW	M&C
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Country of Citizenship: _____ Ethnicity: _____

Are you currently being represented by an attorney? Yes No If so, who? _____

How did you hear about our service?

Daily Toreador	Faculty/Staff	Family/Friend Website	Group Lecture Other _____	Orientation	Residence Halls	TechAnnounce
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What is your Veteran status? Veteran Dependent Not Applicable

Adverse Party/Parties: (Give the complete name, address, and phone number of the person(s) with whom you are having trouble.)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Is/Are your adverse party/parties a Texas Tech Student, Faculty or Staff member? Yes No

Select the area that best describes your problem:

xx Security Deposit Dispute Failure to Repair Eviction Lease Termination Lease Review Other: _____

Brief Description of your Problem:

This office may represent students in court only in limited matters. This office reserves the right to withdraw its representation and limit this office's role to that of providing advice and/or referral to a private attorney. In such case, a student may obtain the services of a private attorney at his or her own expense.

This office reserves the right to withdraw from representation of a student at any time. If this office refuses to represent or withdraws from existing representation, the student will be advised of this decision and may be referred to other attorneys through whom the student may seek legal counsel and/or representation at his or her own expense.

I have read the provided policies and procedures for Student Legal Services (SLS). *EFFECTIVE* legal advice and representation can only be given if this office obtains my complete and truthful cooperation. All information will be held in *STRICT CONFIDENCE*. It is essential that I inform SLS of all relevant facts and keep SLS updated as to any material change in my case. I understand SLS reserves the right to make final decisions on whether to represent me in my claim. *I AM CURRENTLY ENROLLED AS A STUDENT AT TEXAS TECH UNIVERSITY AT LUBBOCK*. I understand and agree that SLS may withdraw from representation should a change in my status as a student of Texas Tech University render me ineligible for services. The above-described legal matter concerns *MY PERSONAL* legal matter only, and is *NOT* a problem of a relative, friend, acquaintance, or another student at this university. *MY LEGAL PROBLEM IS NEITHER AGAINST ANOTHER STUDENT AT TTU NOR AGAINST TTU*.

I understand that NO attorney's fees will be charged to me for legal services provided. However, I understand and agree that I am responsible for payment of all other costs connected with my case including, but not limited to, court costs and filing fees that may be required by the Court. If, because of the nature of the legal matter that is the subject of this agreement, SLS is able to collect attorney's fees from the adverse party, SLS is hereby authorized to keep such fees.

I agree to promptly notify this office of address and telephone changes. I understand that failure to do so may result in SLS's withdrawal from representation. I agree to cooperate fully in this matter by keeping all appointments, attending all court dates, and responding promptly to all requests for information, either about the problem or continued eligibility for services, by SLS. I will respond within 15 days to any written correspondence from this office. Failure to uphold my duties under this agreement authorizes SLS to withdraw from representation. I further understand that I may terminate this relationship at any time.

I understand that e-mail is non-confidential. If I choose to e-mail SLS concerning my case, I do so at my own risk. I understand that SLS may choose not to respond to me via e-mail in order to preserve the confidentiality of my case.

I CERTIFY THAT ALL OF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS COULD RESULT IN DENIAL OF LEGAL SERVICES FROM SLS NOW AND IN THE FUTURE.

Signature _____

YOU ARE ENCOURAGED TO TAKE NOTES DURING THE CONSULTATION

FOR OFFICE USE ONLY

Attorney _____ Clerk _____ Close Case File _____ Case Hours _____ \$\$ _____

Consult _____ Represent _____ Referral _____ Research _____ Hold _____

Open DB _____ Close DB _____ Close WPDocs _____ Print CAF _____

Shred pmt. Info _____ Delete efile acct. _____