

# 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: Sep 13, 2020

TTU ID No. R 11608041

KHAN		ZULFIQAR		ALI		12-25-1967	
Last		First		Middle		Date of Birth	
Pronouns: <input checked="" type="checkbox"/> He/Him/His		<input type="checkbox"/> She/Her/Hers		<input type="checkbox"/> They/Them/Theirs		<input type="checkbox"/> Other: _____	
2116 15th street apt # D		Lubbock		Tx		79401	
Local Address		City		State		Zip Code	
9092670054				zulfi.khan@ttu.edu			
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

**Gender:** ☒ Man ☐ Woman ☐ Transman ☐ Transwoman ☐ Gender Non-Conforming/Gender Queer ☐ Prefer not to answer

**Classification:** ☐ First-Year ☐ Sophomore ☐ Junior ☐ Senior ☒ Graduate

**College:** ☐ A&S ☐ ARCH ☐ AS&NR ☐ BA ☐ EDU ☒ ENGR ☐ GRAD SCH ☐ HONORS ☐ HUM SCI ☐ LAW ☐ M&C  
☐ TTUHSC ☐ TTU LIBRARIES ☐ UNIV COL ☐ V&PA

Country of Citizenship: Pakistan Ethnicity: Asian

**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 ☐ Group Lecture ☐ Orientation ☐ Residence Halls ☐ TechAnnounce  
☐ Website Other \_\_\_\_\_

**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 Ulofts Management Address Ulofts 1001 university ave Tx, Lubbock 79401 Phone 8067652300

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:**

☐ Security Deposit Dispute ☐ Failure to Repair ☐ Eviction ☐ Lease Termination ☐ Lease Review ☐ Other: unjustified charges

**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.

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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 Zulfigar Khan

**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. \_\_\_\_\_