

# Legal Access Works (LAW)

Legal Assistance Programs:  
Ohio Alliance to End Sexual Violence &  
Ohio Domestic Violence Network



**Program Manual**

Revised January 2020

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# Legal Access Works (LAW) Legal Assistance Program

## Referral Guidelines



### Domestic Violence or Sexual Assault?

#### Do I refer to OAESV or ODVN?

<b>Refer to OAESV</b>	<b>Refer to ODVN</b>
<i>Dating relationship and sexual assault (but no other domestic violence)</i>	<i>Dating violence</i> - physical assault, stalking, threats to harm, can include sexual assault if other DV present
<i>Non-partner sexual assault – by acquaintance, friend, employer, stranger, other household member, teacher, neighbor, etc.</i>	<i>Partner violence</i> - physical assault, sexual assault, stalking, threats to harm
<i>Child sexual abuse with no domestic violence against protective parent</i>	<i>Child sexual abuse with domestic violence against protective parent</i>

#### Contact Information:

OAESV	ODVN
<b>OAESV</b> , 888-886-8388, <a href="mailto:info@oaesv.org">info@oaesv.org</a> <b>Camille Crary</b> , Director of Legal Services & Policy, 614-929-5875, <a href="mailto:ccrary@oaesv.org">ccrary@oaesv.org</a> <b>Becca Getson</b> , Legal Advocate, (216) 317-5449, <a href="mailto:bgetson@oaesv.org">bgetson@oaesv.org</a>	<b>Micaela Deming</b> , ODVN Staff Attorney, 614-742-7902; <a href="mailto:mdemingesq@gmail.com">mdemingesq@gmail.com</a> <b>Hope Duran</b> , ODVN Legal Case Manager, 614-781-9651, ext 237, <a href="mailto:hoped@odvn.org">hoped@odvn.org</a> <b>Nancy Grigsby</b> , ODVN Legal Assistance Program Director, 614-781-9651, ext 224, <a href="mailto:nancyg@odvn.org">nancyg@odvn.org</a> <b>Tasha Jones</b> , ODVN Coordinator Legal Services to Marginalized Survivors, 614-781-9651, ext. 238, <a href="mailto:tashaj@odvn.org">tashaj@odvn.org</a>

## Financial Eligibility Legal Access Works (LAW) OAESV & ODVN Civil Legal Assistance Program

Family Size Including Survivor	Federal Poverty Level (FPL) 2019*	225% FPL
	Annual Income	
1	12,490	<b>28,102.50</b>
2	16,910	<b>38,047.50</b>
3	21,330	<b>47,992.50</b>
4	25,750	<b>57,937.50</b>
5	30,170	<b>67,882.50</b>
6	34,590	<b>77,827.50</b>
7	39,010	<b>87,772.50</b>
8	43,430	<b>97,717.50</b>

*Family size includes all family members living full time in the home.*

*Income includes all income from all family members including child support.*

*Survivors at higher income levels may be eligible if they have extenuating financial circumstances such as high expenses or debt incurred for medical bills, legal bills, etc. (Generally high credit card debt is not considered.) Please call to check if you feel an exception should be made.*

\*The Federal Poverty Level is adjusted periodically, and we adjust financial eligibility for the legal services program accordingly. Program updates such as this are provided on the advocacy list serve. If you are not on our list serves and would like to be, email us!

## Eligible & Ineligible Case Types for Legal Access Works (LAW) Program

### Potentially Eligible Case Types

The OAESV and the ODVN uses these criteria for accepting cases:

- Survivors of sexual assault (intimate partner sexual assault), stalking and/or domestic violence (non-intimate partner sexual assault cases are accepted by the Ohio Alliance to End Sexual Violence)
- Case type complies with program guidelines
- Survivor's personal income is at or below 225% of the federal poverty line (see Financial Eligibility chart); consideration will be made for extenuating circumstances for survivors with income above this level (i.e. paying on school loan, large medical debt, etc.) OAESV LAV Clinic does not have income restrictions, although priority may be given to lower income survivors.
- Survivor is referred by an agency partner which has attended a training on project guidelines and related project content, and has signed an agreement outlining their responsibilities to screen cases, honor confidentiality guidelines and ensure the provision of safety planning and related support to survivors referred for legal assistance.
- Survivor cannot be assisted at all, or in a timely manner through Legal Aid, Crime Victim's compensation legal assistance reimbursement, and cannot afford private counsel.
- Survivor has one of the following needs (case types). Priorities may change from time to time due to funding constraints; updates are posted on the advocacy list serve:
  - **Protection Orders** (for teen and adult CPOs, domestic violence, stalking and sexually oriented offense CPOs) and related contempt actions or modifications of violations of protection orders.
  - **Divorce** cases can be accepted, with priority given when:
    - There are children, with higher priority placed on cases where there is abuse or risk of harm to the children, and/or,
    - The divorce is needed to address current safety, i.e. to sever ties with a violent partner (i.e. we generally do not do divorces in cases with no safety issues, such as when the violence occurred a long time ago or the main abuse was emotional), and/or,
    - The divorce is needed to protect the survivor's interests, such as the ability to access modest resources needed to recover and become stable, and,
    - There are no large assets that can be converted to pay for private counsel (in these cases, private counsel may take the case with a payment plan)
  - **Contempt actions** related to basic survival (i.e. non-payment of child support, housing, health insurance, utilities, etc.)
  - **Custody and visitation actions** (either custody/visitation cases in Juvenile Court or modifications of custody/visitation in Domestic Relations Court) generally when there is a history or clear risk of harm to the children
  - **Economic Relief**, where the legal need is related to the victimization:
    - Housing (private landlord, HUD, Section 8, foreclosure)
    - Employment

- Foreclosure
- Public benefits (TANF, Disability - SSDI, Unemployment, HUD etc.) – securing waivers (for child support collection, participation in TANF program requirements), administrative appeals, injunctive relief (such as refusals to transfer survivors in public housing), administrative appeals
- Consumer (i.e. credit report issues, debtor issues, etc.)
- Child Support (seeking to reduce obligations when appropriate for survivors re-entering communities from jails or prisons, seeking to enforce child support orders when state resources are not available for substantial periods of time)
- **Educational issues** (safety issues on campuses, Title IX cases, other school issues related to victimization)
- **Immigration issues**, such as VAWA self-petitions, U and T Visas; priority is given to cases where the survivor faces harm if returned to her home country (from war, famine, violence oppression, or harm by or on behalf of the abuser)
- **Civil legal assistance and advocacy regarding criminal prosecution** (case negotiations, recovery of seized property for evidence, advocating in law enforcement interviews to protect victims from polygraphs, help with victim impact statements, and protection from other potential violations of their rights as crime victims, etc.) If this is the only legal need, these cases should be referred to the Ohio Crime Victim Justice Center; if Legal Access Works is providing legal counsel for other civil needs, the contract attorney will direct the involvement of any other legal counsel in the case.

***Referring partners will provide eligible survivors with services without consideration of their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or sex of their children.***

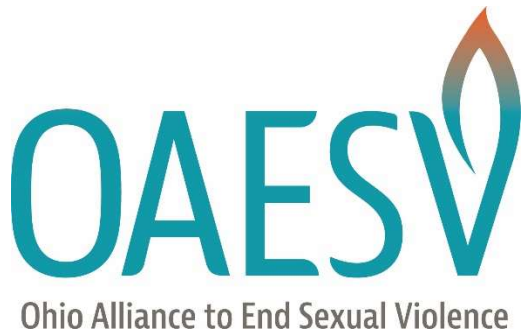
### **Ineligible Activities**

- Representation in child abuse cases where the jurisdiction’s Juvenile Court provides the child or parents with counsel;
- Representing a victim of domestic violence, stalking, or sexual assault in a child protection proceeding, unless the client is the non-abusive parent and the jurisdiction does not appoint free counsel;
- Class action suits;
- Criminal defense;
- Bankruptcy;
- Tort actions (i.e. suing someone or being sued by someone)

## How to Apply

1. Advocate's agency must complete "Referring Agency Agreement" (pages 9 - 10)
  - a. This form needs only to be submitted once prior to, or in conjunction with, an initial application.
  - b. Signed by referring agency executive director.
  - c. Agency should submit signed application to OAESV and/or ODVN.
2. Advocate apply to the appropriate program
  - a. For OAESV applications, complete pages 13 - 20.
    - i. "Holistic Needs Assessment" completed by survivor.
    - ii. "Release of Information" for referring agency/advocate and signed by survivor.
    - iii. "Referral Form" completed by advocate.
    - iv. "Participant Agreement" reviewed by advocate with survivor and then signed by both survivor and advocate.
  - b. For ODVN applications, complete pages 23 - 31.
    - i. "Holistic Needs Assessment" completed by survivor.
    - ii. "Release of Information" for referring agency/advocate and signed by survivor.
    - iii. "Referral Form" completed by advocate.
    - iv. "Participant Agreement" reviewed by advocate with survivor and then signed by both survivor and advocate.
3. Survivor may submit "Participant Survey" (pages 33 - 34).
  - a. Advocate provides Participant Survey to survivor at case closure.
  - b. Survivor may complete the form and submit to appropriate program.

**REFERRING AGENCY AGREEMENT**  
**TO BE SIGNED PRIOR TO OR WITH FIRST APPLICATION**  
**SUBMIT TO OAESV AND/OR ODVN**



**Referring Agency Agreement**  
**Legal Access Works (LAW) Legal Assistance Program –**  
**Ohio Alliance to End Sexual Violence and Ohio Domestic Violence Network**

General

1. The program will follow program guidelines as explained in the training.
2. The program will use the LAW Release of Information Form for sharing of information between the program, participating attorneys and ODVN.
3. The program will ensure that staff provide emotional support, *on-going safety planning* and court accompaniment (when possible) of all survivors who are assisted through the project.
4. The program will notify ODVN or OAESV if the survivor withdraws the case or if the program loses contact with the survivor.
5. The program will notify ODVN or OAESV if the survivor encounters difficulties or the advocate has concerns with the attorney.
6. The program will ensure that staff members assist survivors and attorneys in gathering all corroborating evidence and other information needed by attorneys to effectively represent survivors.
7. The program will seek technical assistance and support from ODVN and OAESV as needed to provide effective advocacy.
8. The program agrees that it will use the participating attorney list only for ODVN or OAESV-related activities and will not solicit attorneys from that list, with whom it has no separate relationship, for pro bono or reduced fee cases.
9. The program agrees to refrain from participating in or supporting any of the following activities because they are recognized as potentially dangerous for survivors:
  - a. Mandatory counseling for victims;
  - b. Penalizing victims who refuse to testify or forcing victims to testify against abusers;
  - c. Refusal to refer and assist victims who are also respondents/defendants;
  - d. Promoting procedures that could require victims to seek legal sanctions against their abusers or providing or offering representation on the condition that victims seek protection orders, counseling, or some other course of action;
  - e. Failing to conduct safety planning with clients;
  - f. Using eligibility procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or sex of their children;

10. Mediation. Our agency understands that certain activities may compromise victim safety, especially victims with immigration issues and therefore expressly agrees not to propose, and to discourage, mediation between the victim/survivor and the offender in any case involving representation under this agreement. In the event that mediation is required, the program agrees to ensure that additional safety planning is conducted with the survivor specific to the mediation process.

Confidentiality

- 11. We will secure a signed, time-limited, purpose-centered LAW Release of Information form from each survivor prior to releasing identifying information to ODVN or OAESV or attorneys in the project. In true emergencies, oral releases may be obtained and used; however, they must be followed by the execution of a written release as soon as possible.
- 12. All referrals will be sent by facsimile transmission. Referring programs will email either ODVN or OAESV prior to faxing referrals.
- 13. Case-related materials (referral forms, invoices, etc.) that contain any identifying information will be stored in locked file cabinets at the offices of ODVN, OAESV, participating attorneys and referring agencies at the end of each business day.
- 14. ODVN, OAESV and referring agencies will enforce a policy of filing a motion to quash any subpoenas related to identifying information that may be contained in case files of survivors assisted through the project.
- 15. Referring agencies will make every effort to protect databases from internet connections, and when such databases must be on computers connected to the internet, will seek the highest level of encryption and protection possible, and will not share identifying client data in shared databases with outside entities.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Referring Agency

\_\_\_\_\_  
Rosa Beltrè, Executive Director  
Ohio Alliance to End Sexual Violence

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Mary O’Doherty, Executive Director  
Ohio Domestic Violence Network

\_\_\_\_\_  
Date signed

## OAESV APPLICATION

### HOW TO REFER AND APPLICATION FORMS

There are four referral forms to be completed for referrals:

**Holistic Needs Assessment** – Survivor completes this form.

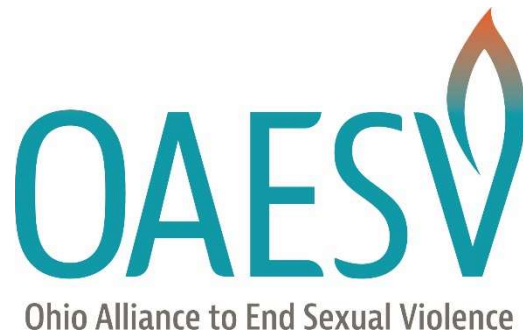
**Release of Information** – Survivor signs this form.

**Referral Form** – Advocate completes this form.

**Participant Agreement** – Advocate reviews with survivor, who signs this form.

If an advocate is referring a case that has already been filed by either party, please also send the most recent orders and motions filed.

All forms are sent to OAESV at [legalserv@oaesv.org](mailto:legalserv@oaesv.org).



## How to Refer Cases to OAESV's Legal Access Works Program

The OAESV contracts with private attorneys on a panel throughout Ohio ("panel") and maintains the Ohio Survivors Legal Assistance Clinic (OSLAC or "clinic"). Both the panel and clinic provide legal assistance to survivors of sexual violence. Panel attorneys work on a reduced fee basis to advise and represent survivors regarding a wide variety of legal issues affecting their recovery.

### Attorneys – Roles & Responsibilities

1. Attorney provides OAESV with: Signed Contract, Signed W-9 IRS Form, Proof of Malpractice Insurance, and Areas of law practiced and geographic scope of practice.
2. After accepting a case, Attorney represents client.
3. Invoice OAESV monthly for work done in that month.
4. When possible, attorneys attend CLE's sponsored/co-sponsored by OAESV or its partners.

### Referring Agencies – Roles & Responsibilities

1. Program staff participate in training from OAESV or ODVN on program.
2. Program signs agreement and follows program requirements

### How to Screen and Refer a Case to OAESV

1. **SCREEN:** Advocacy program screens for case for eligibility
2. **REFER:** Advocate refers case to OAESV for approval including these four forms. Referrals should be emailed to [legalserv@oaesv.org](mailto:legalserv@oaesv.org).
  - (a) Screening/Referral Form;
  - (b) Release of Information;
  - (c) Holistic Legal Needs Form;
  - (d) Signed Participant Agreement.

*If you are referring a case that has already been filed by either party, please also send the most recent orders and motions filed.*
3. **INITIAL CONTACT:** As needed, OAESV contacts the referring advocate and discusses application and any concerns about eligibility.
4. **DECISION SENT:** OAESV emails determination to advocate, clearly stating whether the case has been approved or declined. If approved, a list of attorney(s) will be provided to advocate.
5. **ADVOCATE CALLS ATTORNEY(S):** Advocate contacts attorney(s), provides information for attorney conflict check, and asks attorney to take case. Attorney accepts or declines after screening for conflict.
6. **PAPERWORK TO ATTORNEY:** Once an attorney accepts, Advocate provides signed Screening Form and Holistic Needs Assessment to attorney.
7. **CONNECT SURVIVOR TO ATTORNEY:** Advocate connects survivor with attorney and gives survivor the Survey to submit to OAESV at the conclusion of representation.
8. **SERVICES BEGIN:** Attorney meets with client and begins legal assistance.
9. **UPDATE OAESV:** Advocate sends confirmation email to [legalserv@oaesv.org](mailto:legalserv@oaesv.org) that client connected with attorney.
10. **SUPPORT SERVICES CONTINUE:** Advocate provides safety planning, emotional support and court accompaniment throughout the duration of the case (accompaniment as schedule allows) and assists survivor in collecting evidence and working with attorney.
11. **COLLABORATION:** Advocate and attorney communicate about case as needed.
12. **CASE CLOSURE:** Advocate notifies OAESV when case concludes.

**BILLING:** Attorney bills OAESV monthly. Attorney notifies OAESV when case is concluded and disposition of case.

**Legal Services for Survivors Project Screening & Referral Form: OAESV**  
 INSTRUCTIONS: TO BE COMPLETED *BY ADVOCATE* WITH SURVIVOR- PLEASE PRINT CLEARLY,

Client # (assigned by OAESV):  
 \_\_\_\_\_

**Survivor Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

# and ages of children under 18: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Verified by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email \_\_\_\_\_ Safe to? (circle all that apply) Email Voicemail Text

Race/ethnicity:     American Indian/Alaska Native     Black/African American     Asian     More than one  
 Unknown     Native Hawaiian/Pacific Islander     Hispanic/Latina     White     Prefer not to answer

Survivor: (Check all that apply)     is incarcerated/re-entering from jail/prison     has a disability  
 has limited English proficiency     is immigrant/refugee/asylum seeker     lives in rural area  
 is deaf/hard of hearing     identifies as LGBT (voluntarily)

Is interpreter needed:     Yes     No    If yes, specify language: \_\_\_\_\_

**Primary Caregiver Information**

(Please complete as appropriate, ex: minor, elderly, etc.)

Name(s): \_\_\_\_\_

# and ages of other children under 18: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email \_\_\_\_\_ Safe to? (circle all that apply) Email Voicemail Text

**Perpetrator Information**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to Victim:

Stranger     Spouse     Coworker or Boss  
 Social Peer     Intimate partner     Acquaintance (friend, neighbor, etc.)  
 Teacher/Professor     Brief Intimate Encounter     Household member (sibling, roommate, etc.)  
 Classmate/Fellow Student     Dating Relationship     Professional (doctor, dentist, etc.)

Relationship status is (check one):     current/ongoing,     former,     pending separation,     \_\_\_\_\_

Survivor and perpetrator (check all that apply):     live together,     share classes,     work together,     \_\_\_\_\_

Children: If there are children, is perpetrator the biological parent of any of them? If so, which children? \_\_\_\_\_

Arrests/charges against Perpetrator (please describe any prior arrests, charges, convictions and note any *pending* criminal charges): \_\_\_\_\_

## Violence, Threats & Stalking

*(Please describe and when occurred (month/year) if known)*

<b>Acts of Violence</b>	<b>When?</b>
Physical violence <i>if yes, educate survivor on risk of death; if recent, consider immediate medical evaluation:</i>	
Sexual violence: <i>if yes, educate survivor on risk of death; if recent, consider immediate medical evaluation:</i>	
Emotional abuse:	
Stalking:	
Strangulation <i>if yes, educate survivor on risk of death; if recent, consider immediate medical evaluation:</i>	
Threats to Kill:	
Perpetrator threats of suicide <i>(if yes, educate survivor on increased risk for homicide):</i>	
Use of weapons <i>(if yes, educate survivor on increased risk for homicide):</i>	
Sexual or Physical Abuse of children:	
Threats of Retaliation:	
In Person Retaliation by Perpetrator or Other Individuals:	
Electronic Retaliation by Perpetrator or Other Individuals:	
Institutional Retaliation (school, government agency, workplace, etc.):	

## Legal Needs

**(Survivor Completes Holistic Assessment; Check all that Apply):**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Bankruptcy  | <input type="checkbox"/> Child/Spousal Support   | <input type="checkbox"/> Consultation/Advice only | <input type="checkbox"/> Consumer/Finance                 |
| <input type="checkbox"/> CVC denial appeals  | <input type="checkbox"/> Custody Modification    | <input type="checkbox"/> Custody Juvenile Court   | <input type="checkbox"/> Divorce                          |
| <input type="checkbox"/> Employment  | <input type="checkbox"/> Expungement             | <input type="checkbox"/> Family Law -Other        | <input type="checkbox"/> Housing- Eviction or Foreclosure |
| <input type="checkbox"/> Immigration/Deportation   | <input type="checkbox"/> Immigration/T Visa      | <input type="checkbox"/> Immigration/U Visa       | <input type="checkbox"/> Immigration/VAWA                 |
| <input type="checkbox"/> Non-litigation Criminal   | <input type="checkbox"/> Paternity               | <input type="checkbox"/> Public benefits          | <input type="checkbox"/> Public benefits SSI/SSD          |
| <input type="checkbox"/> Public benefits TANF  | <input type="checkbox"/> Visitation Modification | <input type="checkbox"/> Other: _____             | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Protection Order <i>(circle type: - CPO - Juvenile - Stalking - Sexually Oriented Offense)</i> <input type="checkbox"/> Title IX/Educational (school name: _____) |  |   |   |

Is the legal need related to a case which has already been filed?  NO  YES (who filed: \_\_\_\_\_)

If there is a court date scheduled, please indicate the date and time: \_\_\_\_\_

**Please certify that survivor is unable to meet this legal need via the following resources *and why*:**

**Legal Aid is not an option because** *(check at least one):*  over income  conflict of interest  case type

not taking new cases as of (enter last date verified) \_\_\_\_\_

time frame; ***please explain the time frame issue:*** \_\_\_\_\_

Other *(please explain)* \_\_\_\_\_

**AG CVC Reimbursement is not an option because** *(check at least one):*

incident not reported to police and cannot be reported now  case type  criminal conviction survivor

case is potentially eligible for CVC, ODVN/OAESV is needed to guarantee payment for attorney to accept case

**OAESV Legal Services for Sexual Assault Survivors Program**  
**Holistic Legal Needs Assessment: Sexual Violence**  
**- To Be Completed by or about listed Survivor -**

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

*This form helps ensure that all your potential legal needs are identified.*

*Even if the program cannot help you with all of these issues, if your case is approved, please talk to the attorney about all of these concerns.*

- Yes  No    **Safety** – Do you think you may need a civil Protection Order due to sexual violence, stalking, bullying, or other forms of post-disclosure retaliation?
- Yes  No    **Children** – Do you have children?  
 Is your perpetrator a biological parent to any of your children?  
 Has your perpetrator subjected any of your children to an act of sexual violence?
- Yes  No    **Pregnancy** – Did you become pregnant as a result of your sexual assault or sexual battery?  
 Is your perpetrator aware of the pregnancy?
- Yes  No    **Custody** – If you have children, do you need orders related to them? Please check below:  
 Do you need to establish legal custody of your children?  
 Do you need to change an existing custody order ?
- Yes  No    **Visitation** – If you have children, do you need orders related to visitation? Please check below:  
 Do you need to get orders defining how you or the other parent will visit?  
 Do you need to change an existing order regarding if or how visitation should happen?
- Yes  No    **Child Support** – Do you need help with child support? Please check below:  
 Do you need help getting a child support order or getting a current order changed?  
 Do you need help to collect child support that is already ordered?  
 Do you need help asking the state not to collect child support for safety reasons?
- Yes  No    **Contempt** – Do you have concerns about violations of court orders? Please check below:  
 Do you have a court order that the other party is not following or is violating?  
 Do you have concerns about an order you have not been following?
- Yes  No    **Lack of Response** – Do you need help getting an organization to respond to you? Please check below:  
 Have you asked any person/ institution (like a landlord, school or employer) to make an accommodation related to your victimization but they refused or did not respond?  
 Have you experience any additional harm after asking an organization for help?
- Yes  No    **Taxes** – Do you have any concerns about your taxes? Please check below:  
 the IRS keeping your refund  
 that someone might take your refund  
 that someone may make you responsible for their tax liability or forge your signature  
 I know I may be eligible for free tax preparation and you may be eligible for the Earned Income Tax Credit)? *If not, ask your advocate; it could mean cash for you.*
- Yes  No    **SSI/SSD** – If you or any of your children receiving SSI benefits, are there any problems, or have you been denied benefits?
- Yes  No    **TANF** – If you are receiving or trying to receive TANF benefits, do you need help?  
 Have you been denied TANF or food stamps?  
 Do you need a waiver of some of the TANF program requirements (such as the requirements for work, training, or the life time limits)  
 Have you asked for but been denied a waiver?

- Yes  No **Housing** – Do you have any *legal* needs in the area of housing?  
 Have you been served a notice or been threatened with eviction?  
 Do you need to transfer your housing benefits (such as Section 8/Housing Choice or other subsidized housing) because of safety?  
 Has your landlord failed/refused to make health or safety repairs to your home such as adding or changing locks, adding lighting, making repairs for health/ safety?  
 Have you been denied housing assistance you applied for?  
 Have you been told your housing benefits will or might be taken away?  
 Do you need to break your lease for safety reasons?  
 Do you anticipate or have you been served with a foreclosure notice from a bank?
- Yes  No **Sealing of Records** – Do you have an arrest or criminal record you would like to get sealed?
- Yes  No **Crime Victims Compensation** -  
 Do you have medical costs, lost wages, or other out-of-pocket costs resulting from the crime that was committed against you?  
 Have you been turned down for compensation by Crime Victims Compensation?
- Yes  No **Employment** – Do you have concerns about issues at work related to sexual assault?  
 Are being harassed at work in any way by any person?  
 Do you need your employer to take action in order for you to be at work safely?  
 Do you anticipate or have you been told you will be disciplined for issues at work related to your victimization (i.e. absences, the perpetrator calling your job, etc.)  
 Were you sexually assaulted at work?  
 Do you have to see your perpetrator at work?
- Yes  No **Education** –Do you help with school issues related to your victimization?  
 **Are you a college student?**  
 Do you need your school to limit contact the perpetrator may have with you on campus?  
 Do you need to try to get your dorm/housing moved?  
 Do you need help pursuing taking time away from school and preserving school loans, work study assignments or securing a tuition refund?  
 Do you need help filing a complaint with the school or to prepare for an administrative hearing conducted by the school?  
 Has the school reacted negatively to your report or hearing?  
 **Are you a K-12 student?**  
 Did you assault occur at school?  
 Do you have to see your perpetrator at school?  
 Do you need help filing a complaint with the school?  
 Has the school reacted negatively to your report?
- Yes  No **Consumer/Credit** –Do you have credit issues (such as debtors calling you, your abuser creating debt in your name, bills you do not feel you should be responsible for, etc.)?
- Yes  No **Bankruptcy** – Do you have a large amount of debt that you would like to get advice about ?
- Yes  No **Immigration** – Do you need any assistance about your legal status regarding being in the US? (Visa, green card, etc.)  
 Is your perpetrator threatening your pathway to citizenship?  
 Is your perpetrator forcing you to work for him/her to earn your citizenship?  
 Is your perpetrator forcing you into prostitution to earn your citizenship?

**Advocate/Referring Program & Case Information**

**Advocate provided the following services:** *(check all that apply)*

- Assessment of Holistic Legal Needs                       Safety Planning                       Support Services  
 Legal Advocacy     Linkage to Resources                       Crime Victims Compensation Information  
 Other (please explain) \_\_\_\_\_

**Available Evidence and Documents/records related to the abuse/legal issue:**

- \_\_\_\_ Advocate's Intake    \_\_\_\_\_ Child Welfare Records  
\_\_\_\_ Advocate's Lethality Assessment                              \_\_\_\_\_ Medical Records  
\_\_\_\_ Protective Order and Petition                                      \_\_\_\_\_ Injury Photos  
\_\_\_\_ Police Report(s)    \_\_\_\_\_ Other \_\_\_\_\_

**Referring Program – Our program agrees to provide on-going support and safety planning to the survivor throughout the legal case and to notify OAESV if the case is withdrawn or we lose contact with the survivor.**

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

Advocate: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Date provided to OAESV:** \_\_\_\_\_

*Note to Advocate: If case is approved, please provide this form to the attorney selected.*

**Case Approval:**                       Approved  Denied, due to: \_\_\_\_\_

\_\_\_\_\_  
Signature, Camille Crary, or OAESV Representative

\_\_\_\_\_  
Date Provided to Advocate

**Attorney Information**

**Attorney** (confirm w/OAESV before calling): \_\_\_\_\_

**Note to Attorney:** Pursuant to the Agreement you signed with OEASV, this case is approved, and you are authorized to meet with the client and evaluate the merits and assist regarding the following matters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please invoice within 30 days of the first date of services and provide the estimated hours you will need to assist this client regarding the approved matters. Please advise the program coordinator immediately if the case will require more hours than your original estimate. The program is funded through a grant, and prior to exceeding case estimates, please make sure the program will be able to reimburse you for your work. Please get prior approval for any case expenses over \$100 (i.e. transcripts, filing fees etc.)**

If this box is checked, the case is potentially Crime Victims Compensation(CVC) eligible and will need to be submitted to CVC first. OAESV payment is being approved only if the case if turned down by CVC.

Other: \_\_\_\_\_

As always, **thank you** for your work in the Legal Assistance Project.

# Legal Access Works (LAW) Legal Assistance Program

## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize and request the  
(Program) \_\_\_\_\_ to release and obtain information about my case to and from the Ohio Domestic Violence Network and/or the Ohio Alliance to End Sexual Violence, the advocate, attorney (including the Ohio Survivor Legal Assistance Clinic) and interpreter (if necessary) assigned to my case to share information for the explicit purpose of providing me with legal assistance and related support.

I understand that the Ohio Domestic Violence Network, Ohio Alliance to End Sexual Violence and said individuals have agreed to keep my information confidential and will only be shared with the purpose of providing services to me, and that the only other way information concerning my case will be disclosed to other parties is if it is subject to subpoena which cannot successfully be quashed.

I understand that I can withdraw my consent for this release of information orally or in writing at any time by contacting the Ohio Domestic Violence Network at 800-934-9840 or Ohio Alliance to End Sexual Violence at 216-658-1381.

This release is limited to a period of 90 days, or the duration of my case, whichever is longer and may be renewed in writing in the same manner I provided the original release.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Legal Access Works  
Participant Agreement  
Ohio Domestic Violence Network & Ohio Alliance to End Sexual Violence Legal Assistance Program**

The purpose of this document is to provide information to you about receiving legal help from the Legal Access Works Project, to clarify our responsibility to you and your responsibilities in your case.

1. **Safety Planning** – In some situations, taking legal action can increase danger for the short term. Please be sure that you develop a personalized safety plan with your advocate. As needed, revise your safety plan as things change with the person who stalked, threatened or used violence against you.
2. **Your Right to an Interpreter** – You have a right to an interpreter if you need one, for all meetings with your advocate, attorney and at court. If you need an interpreter, tell your attorney and your advocate. ODVN will pay for your interpreter for meetings with your attorney and time at court with your attorney before hearings. The court is responsible to provide an interpreter for your court hearings.
3. **Your Right to an Advocate** – You have a right to receive advocacy and support services throughout your case. If for some reason you are not being helped by an advocate throughout your case, please contact Nancy at ODVN by phone at 800-934-9840 ext. 224 or Becca Getson at OAESV at 216-317-5449.
4. **Your Right to Understand Your Case** – You have a right to understand what is going on with your case, and the documents related to it. Never sign or agree to anything you don't understand. If you don't understand something, tell your attorney and advocate, and ask them for more information.
5. **Crime Victims Compensation(CVC)** - CVC is potentially available for legal fees for Protection Order cases. If any part of your legal case is eligible for reimbursement through the Ohio Crime Victims Compensation (CVC) Program, our program cannot cover those fees. Your advocate and attorney will help you decide if CVC should be filed for that part of the case. If so, you may be asked to sign that application. *If you have other out-of-pocket costs as a result of being a victim of a crime such as medical and counseling costs, mileage to appointments, or lost wages, you may also be able to recover these expenses through Crime Victims Compensation. Your advocate can help with this.*
6. **Change in Financial Situation-** If your income level changes and you become *significantly* over income for eligibility for our services, you may be asked to reimburse ODVN or your attorney at a rate of \$75 per hour for the services you received. If your financial situation changes such that it would potentially put you over income eligibility, please let your attorney know right away. You may be asked to sign an agreement regarding re-payment. This allows us to stretch the limited dollars we have for other survivors with no assets or limited income. ***Otherwise, you should never be asked to pay your attorney. If you are asked to pay your attorney, please contact ODVN or OAESV immediately.***
7. **Respect** – You have a right to legal services that are responsive to your needs and respectful to you.
8. **Your Responsibilities During Your Case** –
  - Be honest with your attorney. Your attorney needs to know everything that may be brought up in your case in order to effectively represent you.
  - Gather information needed for your case. If your attorney asks for records such as police reports, medical records, school records, etc. please gather and provide those as quickly as possible.
  - Return calls to your advocate and attorney promptly and maintain a current emergency contact.

- Follow your attorney’s guidance and advice. He/she has been retained to represent you to get the most benefit possible from your legal action. Please follow any advice you receive.

9. **Concerns/Complaints** - If you have any concerns about your case, please speak with your advocate. If you do not feel that you are being properly assisted through the project, or you are having difficulty reaching your attorney or advocate, please call ODVN at 800-934-9840 or OAESV at 216-658-1381.

Please do not file any action on your own during the time you are represented by an attorney through the project. This will cancel the program’s commitment to provide legal assistance to you. If you feel an action is needed in your case, talk with your attorney. If you do not agree with your attorney or cannot reach him or her, please contact ODVN or OAESV.

10. **Grant Funding** - This legal program is funded by grants. We generally will not accept cases we do not believe can be complete within the grant year. However, if your case continues beyond our grant year *and we would lose grant funding* it could be possible that our assistance might end and your attorney may withdraw from your case before it is completed. If there is a known risk of that, we would let you know.

11. **Re-opening a case** - When your case is over, we close your case with our program. However, we know that new issues can arise. If you have a new legal need (for example, the other party violates orders, files something new, you think you need to change your orders, or you have a completely new legal concern), please contact the advocate who referred your case in to us. If you are still financially eligible and we have funding that matches your legal need, we may be able to assist you in the new matter.

12. **Dropping Your Case** - If you decide not to go forward with your legal case, please let your advocate and attorney know. *You are entitled to change your mind about what is best for you.* If you do withdraw from your case, and later decide that you need legal assistance, please contact us again. If resources allow, we will do everything we can to assist you at that time.

13. **Positive Results** - Finally, if you are happy with the result of your participation in this legal assistance project, please let us know that, too. We continue to raise funds for these services, and testimonials from survivors about the positive impact of having an attorney can help us raise more support for this project. Along with this letter you should receive a survey where you can share feedback about the legal assistance you receive with instructions on how to get your feedback to us.

**My signature below confirms that I have read this document, or it has been read to me, and that any questions I have had have been answered, and that I understand and agree to the things required of me during my case.**

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

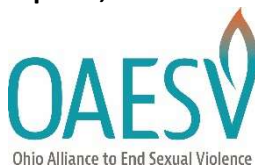
\_\_\_\_\_

Advocate Witness Signature

\_\_\_\_\_

Date

**We offer our best wishes for you as you work to rebuild a safer life. For more resources for survivors, you can visit [www.odvn.org](http://www.odvn.org) and click on Information for Survivors. If you will be using the internet, please be careful to use a safe computer, such as at the library or a trusted friend’s house.**



## ODVN APPLICATION

### HOW TO REFER AND APPLICATION FORMS

There are four referral forms to be completed for referrals:

**Holistic Needs Assessment** – Survivor completes this form.

**Release of Information** – Survivor signs this form.

**Referral Form** – Advocate completes this.

**Participant Agreement** – Advocate goes over with survivor, who signs this form.

If you are referring a case that has already been filed by either party, please also send the most recent orders and motions filed.

All forms are sent to ODVN at [legalintake@odvn.org](mailto:legalintake@odvn.org).



## How to Refer Cases to ODVN's Civil Legal Assistance Program

The Ohio Domestic Violence Network (ODVN) contracts with private attorneys throughout Ohio to provide legal services to survivors of domestic violence, sexual violence and stalking. These attorneys work on a reduced fee basis to advise and represent survivors regarding a wide variety of legal issues. The kinds of cases we can accept depend on funding regulations, which may change from time to time.

### Referring Agencies Roles & Responsibilities

1. Program staff participate in training from ODVN or OAESV on program.
2. Program signs agreement and follows program requirements

### How to Screen and Refer a Case to ODVN

1. **SCREEN:** Advocacy program screens for case for eligibility
2. **REFER:** Advocate refers case to ODVN for approval including these four forms. Referrals can be emailed to [legalintake@odvn.org](mailto:legalintake@odvn.org). Advocates should follow internet security described in the box below.
  - (a) Screening/Referral Form;
  - (b) Release of Information;
  - (c) Holistic Legal Needs Form;
  - (d) Signed Participant Agreement.

***If you are referring a case that has already been filed by either party, please also send the most recent orders and motions filed.***

3. **PHONE CALL:** ODVN contacts the referring advocate; questions or eligibility concerns are discussed at this point.
4. **APPROVAL SENT:** ODVN sends the approved SIGNED Referral form to the advocate confirming that case has been accepted (unless it is declined.)
5. **ADVOCATE CALLS ATTORNEY:** Advocate contacts attorney from list provided on approved form, checks for conflicts and asks attorney to take case. Attorney accepts or declines after screening for conflict.
6. **PAPERWORK TO ATTORNEY:** Advocate sends SIGNED Screening Form and Holistic Needs Assessment to attorney.
7. **CONNECT SURVIVOR TO ATTORNEY:** Advocate connects survivor with attorney and gives survivor the Survey to send in later.
8. **SERVICES BEGIN:** Attorney meets with client and begins legal assistance.
9. **LET ODVN KNOW:** Advocate emails [hoped@odvn.org](mailto:hoped@odvn.org) that the client connected with attorney.
10. **SUPPORT SERVICES CONTINUE:** Advocate provides safety planning, emotional support and court accompaniment throughout the duration of the case (accompaniment as schedule allows) and assists survivor in collecting evidence and working with attorney.
11. **COLLABORATION:** Advocate and attorney communicate about case as needed.

**BILLING:** Attorney bills ODVN *monthly*.



**Holistic Legal Needs Assessment: Domestic Violence, Dating Violence & Stalking**  
**- To Be Completed by Survivor -**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form helps us identify all your potential legal needs.*

- Yes  No     **Safety** –
- Are you currently concerned that your partner/abuser may further harm you?
  - Do you think you may need a civil Protection Order due to abuse, domestic violence, sexual violence or stalking?
- Yes  No     **Paternity**– If you have children, has paternity been established for each of your children?
- Yes  No     **Children** – If you have children,
- Do you have concerns your child(ren) will not be safe during visitation/parenting time with the other parent?
  - Do you need to establish legal custody of your children?
  - Do you need to change an existing custody order?
- Yes  No     **Visitation** – If you have children, do you need orders related to visitation? Please check below:
- Do you need to get orders defining how you or the other parent will visit?
  - Do you need to change an existing order regarding if or how visitation should happen?
- Yes  No     **Child Support** – Do you need help with child support? Please check below:
- Do you need help getting a child support order or getting a current order changed?
  - Do you need help to collect child support that is already ordered?
  - Do you need help asking the state not to collect child support for safety reasons?
- Yes  No     **Contempt** – Do you have concerns about violations of court orders? Please check below:
- Do you have a court order that the other party is not following or is violating?
  - Do you have concerns about an order you have not been following?
- Yes  No     **Lack of Response** – Do you need help getting an organization to respond to you? Please check below:
- Have you asked any person/institution (like a landlord, school or employer) to make an accommodation related to your victimization but they refused or did not respond?
  - Have you experienced intimidation or harm after asking an organization for help?
- Yes  No     **Taxes** – Do you have any concerns about your taxes? Please check below:
- the IRS keeping your refund
  - that someone might take your refund
  - that someone may make you responsible for their tax liability or forge your signature
  - I know I may be eligible for free tax preparation and you may be eligible for the Earned Income Tax Credit) *If not, ask your advocate; it could mean cash for you.*
- Yes  No     **SSI/SSD** – If you or any of your children receiving SSI benefits, are there any problems, or have you been denied benefits?
- Yes  No     **TANF** – If you are receiving or trying to receive TANF benefits, do you need help?
- Have you been denied TANF or food stamps?
  - Do you need a waiver of some of the TANF program requirements (such as the requirements for work, training, or the life time limits)
  - Have you asked for but been denied a waiver?

- Yes  No      **Housing** – Do you have any *legal* needs in the area of housing?  
 Have you been served a notice or been threatened with eviction?  
 Do you need to transfer your housing benefits (such as Section 8/Housing Choice or other subsidized housing) because of safety?  
 Has your landlord failed/refused to make health or safety repairs to your home such as adding or changing locks, adding lighting, making repairs for health/ safety?  
 Have you been denied housing assistance you applied for?  
 Have you been told your housing benefits will or might be taken away?  
 Do you need to break your lease for safety reasons?  
 Do you anticipate or have you been served with a foreclosure notice from a bank?
- Yes  No      **Sealing of Records** – Do you have an arrest or criminal record you would like to get sealed?
- Yes  No      **Crime Victims Compensation** -  
 Do you have medical costs, lost wages, or other out-of-pocket costs resulting from the crime that was committed against you?  
 Have you been turned down for compensation by Crime Victims Compensation?
- Yes  No      **Employment** – Do you have concerns about issues at work related to domestic violence, sexual assault or stalking?  
 Are you being harassed at work in any way by any person?  
 Do you need your employer to take action in order for you to be at work safely?  
 Do you anticipate or have you been told you will be disciplined for issues at work related to your victimization (i.e. absences, the abuser calling your job, etc.)?
- Yes  No      **Education** –Do you need help with school issues related to your victimization?  
 Do you need your school to limit contact the perpetrator may have with you on campus?  
 Do you need to try to get your dorm/housing moved?  
 Do you need help pursuing taking time away from school and preserving school loans, work study assignments or securing a tuition refund?  
 Do you need help filing a complaint with the school or to prepare for an administrative hearing conducted by the school?
- Yes  No      **Consumer/Credit** –Do you have credit issues (such as debtors calling you, your abuser creating debt in your name, bills you do not feel you should be responsible for, etc.)?
- Yes  No      **Bankruptcy** – Do you have a large amount of debt that you would like to get advice about?
- Yes  No      **Immigration** – Do you need any assistance about your legal status regarding being in the US? (Visa, green card, etc.)
- Yes  No      **Language Access** – If you require interpreters to communicate with attorneys, social services, police, Court, have any of them not provided an interpreter while communicating with you?
- Yes  No      **Privacy** – Do you need help to limit who can see your medical, mental health, counseling or other records in the context of issues at school, work, or in a criminal or civil case?

**Do you have other legal problems? If so, please describe:**

---

This section asks about **financial information**. The purpose is to explore additional options and remedies for you. Please answer to the best of your ability.

1. How many people live in your household *not including the abuser*: Adults \_\_\_\_\_ Children \_\_\_\_\_
2. How are you related to the other adults in your household? Check who they are to you:  

<input type="checkbox"/> Current Spouse for _____ years	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Current intimate partner
<input type="checkbox"/> Former intimate partner	<input type="checkbox"/> Dating relationship	<input type="checkbox"/> Friend
<input type="checkbox"/> Brief intimate contact	<input type="checkbox"/> Sibling	<input type="checkbox"/> Co-worker
<input type="checkbox"/> Roommate, other: _____		
3. What is your current gross annual household income, including child support: \_\_\_\_\_
4. What was your gross annual income in the last 12 months? \_\_\_\_\_
5. What is the gross annual income of any adult(s) you live with (*not the abuser*): \_\_\_\_\_
6. Have you talked with or been represented by an attorney in this case or any similar matters?  
 No  Yes If yes, name of attorney: \_\_\_\_\_
7. If you are married to the person who abused you, do you have significant debt? If so, please describe and estimate amounts owed:  
\_\_\_\_\_  
\_\_\_\_\_
8. What is the opposing party's annual gross income (we do not consider this person's income, but your attorney may need to know this information): \_\_\_\_\_
9. Does the opposing party have access to other resources? Please describe assets, if the abuser:
  - a. Owns property: \_\_\_\_\_
  - b. Owns vehicles: \_\_\_\_\_
  - c. Owns a business: \_\_\_\_\_
  - d. Has financial support from friends/family (if so, who): \_\_\_\_\_
  - e. Retirement fund: \_\_\_\_\_
  - f. Other investments: \_\_\_\_\_
10. Sometimes we file a motion for the opposing party (abuser) to pay part of your legal fees. We would only do this with your permission. If you feel this would affect your safety, please tell us that. Would it be ok with you if your attorney tried to get the opposing party to cover any of the legal fees in this case?  
 Yes  No
11. Please list any other information about the opposing party's access to resources that may help an attorney representing you prepare for your case. \_\_\_\_\_  
\_\_\_\_\_
12. Are you able to contribute anything to the cost of your case without significant hardship to you and your family, for example, covering filing fees, transcript costs, etc.  Yes  No  Maybe  
\_\_\_\_\_  
\_\_\_\_\_

Please share any other information about your need for legal assistance: \_\_\_\_\_

**Legal Assistance Referral Form: ODVN**

INSTRUCTIONS: TO BE COMPLETED BY ADVOCATE - PLEASE PRINT **REVISED FEB 2019**

DATE REFERRAL SENT TO ODVN: \_\_\_\_\_

Client # (assigned by ODVN):

**Survivor Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Names and ages of children under 18: \_\_\_\_\_

**Legal** custody:  has not been determined  survivor has custody  abuser has custody  CPS has custody  
 someone else has custody: \_\_\_\_\_

Who has physical custody of the children now: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Race/ethnicity:**  American Indian/Alaska Native  Black/African American  Asian  More than one  
 Unknown  Native Hawaiian/Pacific Islander  Hispanic/Latina  White ethnicity

**Survivor:** (Check all that apply)  is incarcerated/re-entering from jail/prison  has a disability  
 has limited English proficiency  is immigrant/refugee/asylum seeker  is homeless  
 is deaf/hard of hearing  identifies as LGBT (voluntarily)  is a Veteran

Is Interpreter needed?  Yes  No If yes, language: \_\_\_\_\_ Country of origin: \_\_\_\_\_

**Abuser/Perpetrator Information**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Active substance abuser: Yes  No  If yes, what substance(s): \_\_\_\_\_

Relationship to Victim:

- Current Spouse for \_\_\_\_\_ years  Former Spouse, married for \_\_\_\_\_ years, divorced \_\_\_\_\_ years
- Divorce Pending  Current intimate partner
- Former intimate partner  Dating relationship
- Brief intimate contact  Stranger  Don't Know
- Acquaintance (friend, neighbor, co-worker)  Current or former household member (sibling, roommates, etc.)

Total length of relationship: \_\_\_\_\_ Status of relationship:  Separated  Living Together

Children: If there are children, is abuser the biological parent of any of them? If so, which children? \_\_\_\_\_

**Arrests/charges against Abuser:**

Pending charges: \_\_\_\_\_

Past charges or convictions: \_\_\_\_\_

Is abuser in custody? Yes  No  If yes, where and how long: \_\_\_\_\_

## Violence, Threats & Stalking History

(Detail **most recent** and **worst violence** and **when**, if known)

Acts of Violence	When?
Physical violence:	
Sexual violence:	
Emotional abuse:	
Stalking:	
Strangulation ( <i>if yes, educate survivor on risk of death; if within 72 hours, urge immediate medical attn.</i> )	
Threats to Kill:	
Abuser threats of suicide ( <i>if yes, educate survivor on increased risk for homicide</i> ):	
Use of weapons ( <i>if yes, educate survivor on increased risk for homicide</i> ):	
Abuse of or endangering children (if you are a mandated reporter, please skip this question unless you have already inquired about child abuse in your work with the survivor.)	
Animal/pet abuse:	
Safety Plan for animal:	

## Legal Needs

**(Survivor Completes Holistic Assessment; Check all that Apply):**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Child/Spousal Support     | <input type="checkbox"/> Consultation/Advice only | <input type="checkbox"/> Consumer/Finance | <input type="checkbox"/> CVC denial/appeals |
| <input type="checkbox"/> Child Custody             | <input type="checkbox"/> Contempt                 | <input type="checkbox"/> Divorce          | <input type="checkbox"/> Employment         |
| <input type="checkbox"/> Expungement               | <input type="checkbox"/> Housing                  | <input type="checkbox"/> Immigration      | <input type="checkbox"/> Paternity          |
| <input type="checkbox"/> Public benefits (TANF/SS) | <input type="checkbox"/> Visitation Modification  | <input type="checkbox"/> Other _____      |   |

Protection Order (*circle type*: - CPO - Juvenile - Stalking - Sexually Oriented Offense)

Is the legal need related to a case which has already been filed?  YES  NO

If yes, what kind of legal action is pending: \_\_\_\_\_

Who filed the action? \_\_\_\_\_ What County? \_\_\_\_\_

If there is a court date scheduled, what is date and time? \_\_\_\_\_

**Please indicate why survivor cannot meet this legal need through the following resources:**

**Legal Aid is not an option because** (check at least one):

- client is over income       conflict of interest       not helping with this case type
- only assists CPO cases at second hearing       not taking new cases since: \_\_\_\_/\_\_\_\_/\_\_\_\_
- time frame issue (please explain): \_\_\_\_\_

**AG CVC Reimbursement is not an option because** (check at least one):

- incident not reported to police & cannot be reported now       case type (i.e. not CPO)       survivor criminal conviction
- case is potentially eligible for CVC, ODVN is needed to guarantee payment for attorney to accept case
- Other (please explain) \_\_\_\_\_

**Available Evidence and Documents/records related to the abuse/legal issue:**

- \_\_\_\_ Advocate's Intake      \_\_\_\_ Child Welfare Records      \_\_\_\_ Injury Photos
- \_\_\_\_ Advocate's Lethality Assessment      \_\_\_\_ Medical Records
- \_\_\_\_ Protective Order/Petition      \_\_\_\_ Police Report(s)
- \_\_\_\_ Other \_\_\_\_\_

**Advocate/Referring Program & Case Information**

**Referring Program – Our program agrees to provide on-going support and safety planning to the survivor throughout the legal case and to notify ODVN if the case is withdrawn or we lose contact with the survivor.**

Program Name: \_\_\_\_\_  
 Advocate: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date sent to ODVN: \_\_\_\_\_

**Note to Advocate: If case is approved, please scan this signed form to the attorney selected.**

**Case Approval:**     Approved     Denied, due to: \_\_\_\_\_

\_\_\_\_\_  
 Signature, Nancy Grigsby, or ODVN Representative    Date sent to Advocate    Date sent to ODVN

----- SECTION BELOW TO BE COMPLETED BY ODVN -----

**Attorney Information**

**Please call attorneys in order listed here:**

**Attorney** (confirm w/ ODVN before calling): \_\_\_\_\_

**Note to Attorney:** Pursuant to the Agreement you signed with ODVN, this case is approved, and you are authorized to meet with the client and evaluate the merits and assist regarding the following matters:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please invoice within 30 days of the first date of services, and monthly thereafter, and provide the estimated hours you will need to assist this client regarding the approved matters. Please advise ODVN immediately if the case will require more hours than your original estimate. Please get prior approval for any case expenses over \$100 (i.e. transcripts, filing fees etc.)

If this box is checked, the Protection Order in this case is potentially Crime Victims Compensation (CVC) eligible and will need to be submitted to CVC first. ODVN payment is approved only if the CPO case is turned down by CVC.

Other: \_\_\_\_\_

As always, **thank you** for your work in the ODVN Legal Assistance Project.

# Legal Access Works (LAW) Legal Assistance Program

## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize and request the  
(Program) \_\_\_\_\_ to release and obtain information about my case to and from the Ohio Domestic Violence Network and/or the Ohio Alliance to End Sexual Violence, the advocate, attorney and interpreter (if necessary) assigned to my case to share information for the explicit purpose of evaluating my eligibility for and providing me with legal assistance and related support.

I understand that the Ohio Domestic Violence Network, Ohio Alliance to End Sexual Violence and said individuals have agreed to keep my information confidential and it will only be shared with the purpose of providing services to me, and that the only other way information concerning my case will be disclosed to other parties is if it is subject to subpoena which cannot successfully be quashed.

I understand that I can withdraw my consent for this release of information orally or in writing at any time by contacting the Ohio Domestic Violence Network at 800-934-9840 or Ohio Alliance to End Sexual Violence at 888-886-8388.

This release is limited to a period of 90 days, or the duration of my case, whichever is longer and may be renewed in writing in the same manner I provided the original release.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Legal Access Works Participant Agreement

### Ohio Domestic Violence Network & Ohio Alliance to End Sexual Violence Legal Assistance Program

The purpose of this document is to provide information to you about receiving legal help from the Legal Access Works Project, to clarify our responsibility to you and your responsibilities in your case.

1. **Safety Planning** – In some situations, taking legal action can increase danger for the short term. Please be sure that you develop a personalized safety plan with your advocate. As needed, revise your safety plan as things change with the person who stalked, threatened or used violence against you.
2. **Your Right to an Interpreter** – You have a right to an interpreter if you need one, for all meetings with your advocate, attorney and at court. If you need an interpreter, tell your attorney and your advocate. ODVN will pay for your interpreter for meetings with your attorney and time at court with your attorney before hearings. The court is responsible to provide an interpreter for your court hearings.
3. **Your Right to an Advocate** – You have a right to receive advocacy and support services throughout your case. If for some reason you are not being helped by an advocate throughout your case, please contact Nancy at ODVN by phone at 800-934-9840 ext. 224 or Becca Getson at OAESV at 216-317-5449.
4. **Your Right to Understand Your Case** – You have a right to understand what is going on with your case, and the documents related to it. Never sign or agree to anything you don't understand. If you don't understand something, tell your attorney and advocate, and ask them for more information.
5. **Crime Victims Compensation(CVC)** - CVC is potentially available for legal fees for Protection Order cases. If any part of your legal case is eligible for reimbursement through the Ohio Crime Victims Compensation (CVC) Program, our program cannot cover those fees. Your advocate and attorney will help you decide if CVC should be filed for that part of the case. If so, you may be asked to sign that application. *If you have other out-of-pocket costs as a result of being a victim of a crime such as medical and counseling costs, mileage to appointments, or lost wages, you may also be able to recover these expenses through Crime Victims Compensation. Your advocate can help with this.*
6. **Change in Financial Situation**- If your income level changes and you become *significantly* over income for eligibility for our services, you may be asked to reimburse ODVN or your attorney at a rate of \$75 per hour for the services you received. If your financial situation changes such that it would potentially put you over income eligibility, please let your attorney know right away. You may be asked to sign an agreement regarding re-payment. This allows us to stretch the limited dollars we have for other survivors with no assets or limited income. ***Otherwise, you should never be asked to pay your attorney. If you are asked to pay your attorney, please contact ODVN or OAESV immediately.***
7. **Respect** – You have a right to legal services that are responsive to your needs and respectful to you.
8. **Your Responsibilities During Your Case** –
  - Be honest with your attorney. Your attorney needs to know everything that may be brought up in your case in order to effectively represent you.
  - Gather information needed for your case. If your attorney asks for records such as police reports, medical records, school records, etc. please gather and provide those as quickly as possible.
  - Return calls to your advocate and attorney promptly and maintain a current emergency contact.

- Follow your attorney’s guidance and advice. He/she has been retained to represent you to get the most benefit possible from your legal action. Please follow any advice you receive.

9. **Concerns/Complaints** - If you have any concerns about your case, please speak with your advocate. If you do not feel that you are being properly assisted through the project, or you are having difficulty reaching your attorney or advocate, please call ODVN at 800-934-9840 or OAESV at 216-658-1381.

Please do not file any action on your own during the time you are represented by an attorney through the project. This will cancel the program’s commitment to provide legal assistance to you. If you feel an action is needed in your case, talk with your attorney. If you do not agree with your attorney or cannot reach him or her, please contact ODVN or OAESV.

10. **Grant Funding** - This legal program is funded by grants. We generally will not accept cases we do not believe can be complete within the grant year. However, if your case continues beyond our grant year *and we would lose grant funding* it could be possible that our assistance might end and your attorney may withdraw from your case before it is completed. If there is a known risk of that, we would let you know.

11. **Re-opening a case** - When your case is over, we close your case with our program. However, we know that new issues can arise. If you have a new legal need (for example, the other party violates orders, files something new, you think you need to change your orders, or you have a completely new legal concern), please contact the advocate who referred your case in to us. If you are still financially eligible and we have funding that matches your legal need, we may be able to assist you in the new matter.

12. **Dropping Your Case** - If you decide not to go forward with your legal case, please let your advocate and attorney know. *You are entitled to change your mind about what is best for you.* If you do withdraw from your case, and later decide that you need legal assistance, please contact us again. If resources allow, we will do everything we can to assist you at that time.

13. **Positive Results** - Finally, if you are happy with the result of your participation in this legal assistance project, please let us know that, too. We continue to raise funds for these services, and testimonials from survivors about the positive impact of having an attorney can help us raise more support for this project. Along with this letter you should receive a survey where you can share feedback about the legal assistance you receive with instructions on how to get your feedback to us.

**My signature below confirms that I have read this document, or it has been read to me, and that any questions I have had have been answered, and that I understand and agree to the things required of me during my case.**

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Advocate Witness Signature

\_\_\_\_\_

Date

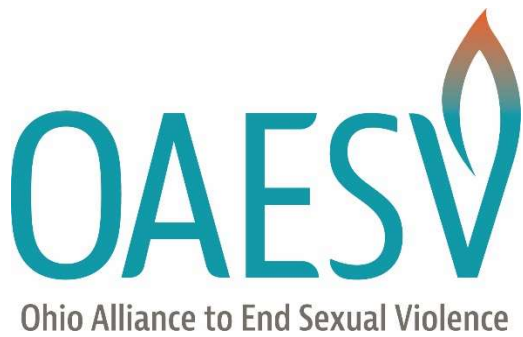
**We offer our best wishes for you as you work to rebuild a safer life. For more resources for survivors, you can visit [www.odvn.org](http://www.odvn.org) and click on Information for Survivors. If you will be using the internet, please be careful to use a safe computer, such as at the library or a trusted friend’s house.**



**PARTICIPANT SURVEY**

**TO BE COMPLETED BY SURVIVOR AT CLOSURE OF CASE**

**SUBMIT TO OAESV OR ODVN**



## Legal Assistance Participant Survey

Please return this survey *toward the end of your legal case.*

ODVN cases, you can **fax it** to 614-781-9652, **mail it** to ODVN, 1855 E Dublin Granville Road, Suite 301, Columbus, 43229 or **email it** to: nancyg@odvn.org

OAESV cases, you can **fax it** to 614-867-5568, **mail it** to: 5 East Long Street, Suite 605, Columbus, Ohio 43215, or **email it** to: ccrary@oaesv.org

***Your feedback matters. It helps us make any needed improvements to this program. Your responses are confidential unless you give us permission to share your feedback. Thank you.***

**Name (OPTIONAL):** \_\_\_\_\_

1. Which attorney(s) handled your case through our program? \_\_\_\_\_
2. Did you have **access to your advocate** throughout your case? Yes [ ] No [ ]
3. Did your advocate help you develop an **individualized safety plan**? Yes [ ] No [ ]
4. Was your attorney accessible to you (i.e. return your calls, stay in touch with you during your case)? Yes [ ] No [ ]
5. Did your attorney **clearly explain things** to you in a way you could understand them? Yes [ ] No [ ]
6. If you needed an **interpreter**, was one provided for attorney meetings/ Court? Yes [ ] No [ ] NA [ ]
7. Did you feel your attorney **treated your (and your kids') safety** as a priority? Yes [ ] No [ ]
8. Did your attorney treat you **respectfully** and in a **non-judgmental** way? Yes [ ] No [ ]
9. Did you feel that your attorney **did everything possible** he/she could on your behalf? Yes [ ] No [ ]
10. As a result of the legal action you took, do you feel that you are **safer**? Yes [ ] No [ ]
11. Were you ever **asked for money or fees** by your attorney? Yes [ ] No [ ]
12. Do you know more about community resources? Yes [ ] No [ ]
13. Do you know more ways to plan for safety? Yes [ ] No [ ]
14. Do you know more options and choices available to you? Yes [ ] No [ ]
15. Did the services meet your immediate needs? Yes [ ] No [ ]
16. Was your attorney supportive and helpful? Yes [ ] No [ ]
17. Did you learn information about Crime Victims Compensation? Yes [ ] No [ ]
18. Do you have a better understanding of your rights? Yes [ ] No [ ]
19. Were you satisfied with the service provided to you? Yes [ ] No [ ]

20. As a result of the legal services, do you feel that you are **less vulnerable** to being manipulated, controlled or harmed by the person who was stalking or abusing you? Yes [ ] No [ ]

21. May we share your feedback with your attorney? Yes [ ] No [ ]

22. May we share your feedback with your advocate? Yes [ ] No [ ]

23. Please share any suggestions you have to improve the assistance provided by this program:

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24. Please share any comments about how having an attorney through the legal assistance project impacted you and your family. Feel free to add pages if needed.

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**Thank you for completing this brief survey. We wish you the best of luck.**

**Here are the ways to return this survey:**

ODVN cases, you can:

- **fax it** to 614-781-9652
- **mail it** to ODVN, 1855 E Dublin Granville Road, Suite 301, Columbus, 43229 or
- **email it** to: [nancyg@odvn.org](mailto:nancyg@odvn.org)

OAESV cases, you can:

- **fax it** to 614-867-5568
- **mail it** to: 5 East Long Street, Suite 500, Columbus, Ohio 43215, or
- **email it** to: [ccrary@oesv.org](mailto:ccrary@oesv.org)