



GENERAL INTAKE QUESTIONNAIRE

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Alt. Telephone: _____

Victim's Name (if different) _____ D.O.B. _____

1. Where did this incident occur (city/county/state): _____

2. When did the incident occur (be as specific as possible) _____

3. Please describe the incident in as much detail as possible including the names of individuals and institutions involved. Attach additional sheets if necessary.

4. Were you given any explanation for what happened? YES NO
If so, who gave you the explanation?

What was the explanation?

5. Why do you think this happened to you?

6. Have you contacted another agency? YES NO
If so, what agency and what is the status of your complaint?

7. Have you consulted an attorney? YES NO
If so, what is the name and contact information for the attorney?

What action, if any, is the attorney taking?

May we contact the attorney? YES NO

8. Have you done anything on your own to try and address this problem?

YES NO

If yes, describe your efforts:

9. What would you like the ACLU to do for you?



10. Attach to your form copies of any important documents. **Never send original documents.**

We receive numerous requests for assistance each week. Every request is carefully reviewed. Please understand that by reviewing your request for assistance, the ACLU of Delaware is not undertaking legal representation of you and the ACLU of Delaware is not responsible for ensuring that any statute of limitations requirement or any other requirement or deadline is met in your case. There may be deadlines that will affect your legal rights. **As a result, you should not rely on filing an ACLU request for assistance to protect your rights.**

Contact Us

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