

Fairfax County
Juvenile & Domestic Relations
District Court



Family Abuse Protective Order Packet

DOMESTIC RELATIONS
SERVICES

Fairfax Courthouse
4110 Chain Bridge Road
Suite 202
Fairfax, Virginia 22030
703-246-3040
703-273-1293 (fax)
Deaf or Hearing Impaired: 711

May 2014

This Packet will help process your **Petition for a Protective Order (Family Abuse)**.

- Please note - **YOU** are the **Petitioner** and the person you are filing against is the **Respondent**.
- All forms need to be signed during your meeting with an Intake Officer.

Please follow these steps:

1: Complete the ***Intake Sheet***.

- You **MUST** list the following information on the form for the Respondent: First and Last Name, Date of Birth, Address (work or home), Height, Weight, Eye and Hair color, and Contact Number.

Give completed ***Intake Sheet*** to the Intake Clerk to begin the intake process.
Continue with Step 2.

2: Read the ***Protective Order/Family Abuse Information*** document.

3: Read the ***Protective Order Acknowledgement of Process*** document.

- This document contains important information about the process.
- You will be asked to sign this form during your intake interview.

4: Complete the ***Respondent Description Sheet***.

- This will help the Sheriff's Department find the person you are filing against.
- The address on the Intake Sheet must match the address used on this form.

5: If you are also seeking a ***Preliminary*** Protective Order, please choose ***HOW*** you would like to provide your information to the Judge today – either in writing or orally (see the chart on the next page for more information).

Option 1: Written - You do NOT need to appear in Court in person today.

Only your written statement (affidavit) will be reviewed by the Judge.

- Complete the ***Affidavit for Preliminary Protective Order*** (page 9)
 - Print neatly because this is your statement to the Judge.
 - If you write in a language other than English, Court Services will have the affidavit translated for you. This may delay the Court's ruling on your request.
 - After you complete the Affidavit, proceed to Step 6.

Option 2: Orally - You will appear in person in front of the Judge during a 3pm court hearing.

(only available for appointments scheduled before 1:00 pm in the Courthouse)

- You will receive information on the facts the Court may consider when making a ruling.
- If you speak a language other than English, the Court will provide an Interpreter.
- Proceed to Step 6.

6: Complete the application for legal services through ***Legal Services of Northern Virginia (LSNV)***.

- You must be financially eligible for this *pro bono* (free) attorney, depending on several factors including your relationship with the Respondent and your financial resources.
- LSNV will need to screen you for financial eligibility (income and assets); they do not count the Respondent's income, but they may include other adults in your household.

Once you have completed the entire packet, please notify the Intake Clerk who will then inform an Intake Officer.

Petitioner/Victim to Fairfax JDRDC, Domestic Relations Intake to file a **PETITION FOR PROTECTIVE ORDER (FAMILY ABUSE)**

PETITIONERS ARE OFFERED:

- *Victim/Witness Assistance*
- *Court accompaniment by Domestic Violence Action Center (DVAC)*

Options for Temporary Relief prior to Hearing
(PRELIMINARY PROTECTIVE ORDER)

1. Submit a written Affidavit, or
2. See a Judge in person

AFFIDAVIT

- Complete Affidavit for Preliminary Protective Order in your own words.
- You do not need to appear in Court.
- You do not need to speak to a Judge.
- Intake Officer will arrange for your paperwork to be submitted to the Judge the same day.
- You do not need to remain at the courthouse while the Court considers your request.

HEARING

- Appear in person before a Judge the same day you file Petition for Protective Order.
- Orally present information to the Court in support of your request.
- Ex Parte hearings held at 3pm, Mon-Fri.
- Interpreter will be provided, if needed.
- Only available for appointments scheduled before 1pm

Do you read/write in English?

NO
Affidavit will need to be translated by Court Services—this may delay the Court's response.

Intake Officer will provide information on the facts you may want to present to the Court during the hearing.

YES
Judge makes decision before end of the docket (4pm)

Judge's response may be delayed—possibly until the next business day.

Judge makes a decision during the hearing and advises victim.

Intake Officer notifies you of Court's decision to your request by phone or email.

15 Days Later... Hearing on the PETITION FOR PROTECTIVE ORDER (FAMILY ABUSE)

Process for Preliminary Protective Order

Process for Preliminary Protective Order

Date: _____ Intake Officer: _____ Time: _____ Clerk: _____



FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT PROTECTIVE ORDER INTAKE SHEET

ICN: _____

PLEASE CLEARLY PRINT ALL FIELDS AND COMPLETE INFORMATION ON THE BACK:

PETITIONER (YOU OR PERSON YOU ARE FILING FOR):

BADGE # _____

FULL LAST NAME/FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____
SSN _____ - _____ - _____ RACE _____ HISPANIC Y N FEMALE MALE
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)
DOB _____ / _____ / _____ CELL NUMBER (_____) _____ - _____ OTHER NUMBER (_____) _____ - _____
MONTH DAY YEAR

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

EMAIL ADDRESS: _____

RESPONDENT (PERSON YOU ARE FILING AGAINST):

BADGE # _____

FULL LAST NAME/FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____
SSN _____ - _____ - _____ RACE _____ HISPANIC Y N FEMALE MALE
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ / _____ / _____ CELL NUMBER (_____) _____ - _____ OTHER NUMBER (_____) _____ - _____
MONTH DAY YEAR

DL # _____ HEIGHT _____ WEIGHT _____ EYE _____ HAIR _____
DRIVER'S LICENSE NUMBER STATE

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

EMPLOYER'S NAME _____ WORK (_____) _____ - _____

EMPLOYER'S ADDRESS _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

PETITIONER'S RELATIONSHIP TO RESPONDENT _____

HAS A PROTECTIVE ORDER BEEN ISSUED INVOLVING PETITIONER OR RESPONDENT? NO YES

DATE: _____ COUNTY/STATE: _____ EXPIRATION DATE: _____

IF YOU ARE FILING ON BEHALF OF PETITIONER, PLEASE COMPLETE THE FOLLOWING:

FULL LAST NAME/FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO PETITIONER: _____

DOB _____ / _____ / _____ FEMALE MALE CONTACT NUMBER (_____) _____ - _____
MONTH DAY YEAR

CHILDREN

CHILD-1

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N SSN _____ - _____ - _____ F M
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ / _____ / _____ CHILD LIVES WITH MOTHER FATHER OTHER
MONTH DAY YEAR

CHILD-2

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N SSN _____ - _____ - _____ F M
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ / _____ / _____ CHILD LIVES WITH MOTHER FATHER OTHER
MONTH DAY YEAR

CHILD-3

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N SSN _____ - _____ - _____ F M
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ / _____ / _____ CHILD LIVES WITH MOTHER FATHER OTHER
MONTH DAY YEAR

CHILD-4

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N SSN _____ - _____ - _____ F M
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ / _____ / _____ CHILD LIVES WITH MOTHER FATHER OTHER
MONTH DAY YEAR

OTHER MEMBERS OF YOUR HOUSEHOLD THAT YOU WANT TO INCLUDE IN YOUR PETITION:

OTHER-1:

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N DOB _____ / _____ / _____ FEMALE MALE
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN) MONTH DAY YEAR

OTHER-2:

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N DOB _____ / _____ / _____ FEMALE MALE
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN) MONTH DAY YEAR

OTHER-3:

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N DOB _____ / _____ / _____ FEMALE MALE
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN) MONTH DAY YEAR

Protective Order/Family Abuse Information

Remember a Protective Order is about **YOUR SAFETY**. It is **NOT** about: custody, child support, money, divorce, immigration, property, threats to remove the children from state/county, Respondent's new girlfriend/boyfriend/cheating history, Respondent refusing to pay for diapers/food/clothing.

Interpreter: If you ask for an interpreter for your hearing in front of the Judge, you may speak only in the language you requested to be interpreted.

Bring with you to your appointment with Domestic Relations:

- Respondent's First and Last Name, Date of Birth, Address (work or home), Height, Weight, Eye and Hair color, and Contact Number.
- You can also bring pictures of any injuries or damage to property

The following are **DEFINITIONS** to assist you:

FAMILY ABUSE: The Virginia Code §16.1-228 defines *family abuse* as any act involving violence, force, or threat, including any forceful detention which results in bodily injury or places one if reasonable apprehension of death, sexual assault, or bodily injury and is committed by a person against such person's family or household member. Examples of family abuse may include:

- Pushing, shoving, or grabbing
- Stalking
- Slapping, hitting, punching, or striking with an open or closed fist
- Throwing things, biting, beating up, kicking, choking, or strangling
- Holding, tying down, or restraining
- Leaving someone in a dangerous place
- Forcing someone to do something sexual against his or her will
- Causing harm/hurt during sex
- Threatening to physically harm or kill
- Using or threatening to use weapons (knife, gun, bat, etc.)
- Destroying or vandalizing property, personal items, and/or harming or killing pets as a means of making someone fear for their safety.

FAMILY or HOUSEHOLD MEMBERS include:

- husband, wife, ex-husband, ex-wife, parents, step-parents,
- children, step-children, brothers, half-brothers, sisters, half-sisters,
- grandparents, grandchildren,
- mother/father-in-law living in same house
- daughter/son-in-law living in same home, brother/sister-in-law living in same home,
- persons with children in common,
- current or former cohabitants (persons who have lived together as if a married couple in the last 12 months),
- and any of their children who live in the same home.

The following are subjects you may want to **INCLUDE** in a Petition:

- Concerns for your SAFETY
- Acts of Violence/Family Abuse
- Threats to hurt or kill you - Not emotional – Not insults
- Weapons in or around the home
- Times when you were forced to have sex
- Physical injuries
- Medical attention you received
 - hospital or doctor visits; taking pain medication, using ice or heating pad, not going to work
- Pain you experienced
- Police notifications/assistance
- History of Violence
- Presence of children during acts of family abuse
 - Did the children see the abuse? Did the children see the injuries?
 - Were the children home when the abuse happened?
 - How did the children act? Did they cry? Did they hide?
- Injuries to children during the act of family abuse
- Damage to property during the act of family abuse
 - For example, holes in the walls, broken furniture
- Respondent's drug use
- Respondent's alcohol abuse
- Respondent's diagnosed mental health history
- Prior Protective Orders entered against the Respondent
- Respondent's prior criminal convictions
- What **YOU** want your Protective Order to include:
 - You can ask for the Respondent to:
 - stop abusing you
 - have no contact with you or with family members
 - not terminate necessary utilities
 - pay for you to live in a different, but similar, place
 - participate in a batterer's intervention program
 - participate in drug, alcohol, or mental health treatment
 - You can also ask for temporary possession of:
 - the residence
 - a vehicle you have in your name (or both of your names) and direct the Respondent to maintain insurance, registration, and taxes on the vehicle
 - any pets if you meet the definition of *owner* (i.e.: animal you purchased/helped to purchase, live with/house, or care for) [Virginia Code §3.2-6500, effective July 1, 2014]
 - Temporary custody or visitation of a minor child
 - Temporary child support

Protective Order Acknowledgement of Process

Today you have petitioned for a Preliminary Protective Order. Please understand that:

- **This order is not in effect until the Respondent (person you have named) has received it personally;** meaning that it was delivered (or served) by the Sheriff's Office or licensed professional Process Server directly to the Respondent. If the Respondent is not able to be served, the Judge may continue the matter or advise you to re-file the Petition for a Protective Order and set a new court date.
- **The Preliminary Protective Order, if approved, remains in effect until the day of the Protective Order Hearing (maximum 15 days).** It can be continued at that first hearing only if the Respondent agrees or has not been served; you cannot ask for the continuance. The Protective Order is a Civil Order, but a violation of the protective order is a criminal offense. If the Respondent violates the order (for example, by contacting you or having a friend contact you, call the police. The Magistrate can issue a warrant.
- **At the Hearing, the Respondent might deny your accusations.** The Judge must then decide what happened based on the evidence. The Respondent may hire an attorney to represent him/her at Hearing. You may also want to have an attorney to help you present your case. **If your case is referred to Legal Services of Northern Virginia's (LSNV) Pro Bono Program, you should contact LSNV as soon as possible.** You may have to attend more than one Hearing to resolve the issues in the Protective Order.
- **You should plan to arrive at the courthouse at least 30 minutes prior to your scheduled hearing time. Your case may be dismissed if you are even a few minutes late.**
- **EVIDENCE:** The Judge does not know anything about your situation, so if you have photographs of any injuries/bruises, medical records, witnesses, etc., you should bring this evidence to the Hearing to help the Judge understand what happened. If you are not sure that your witness(es) are going to come to court, you can complete a Subpoena Form at least 10 days before the Hearing. You can file the witness subpoena form on the 3rd floor at the Pre-Court window (Room 302).
- **At the Protective Order Hearing you can request that the Judge grant you temporary custody and child support.** You will need to explain or show proof to the Judge that these are necessary for the safety of you and your children. You will need to tell the court how much income you have and also what the Respondent's income is. The Judge may decide that custody and child support should not be decided until you go to court separately for those things, but the wait for a hearing on custody, visitation, and support is often 6 months.
- **You may ask the Intake Officer to request an Interpreter for your Hearing(s) for either you or the Respondent.**
- **If you are uncomfortable leaving the Court after your Protective Order Hearing, you may request that a Sheriff's Deputy escort you out of the courthouse.**
- **Domestic Violence Action Center (DVAC) is a safe place where victims can explore their options and access needed services and resources including: safety planning; emotional support; court accompaniment; links to emergency shelter, legal services, and counseling services. Clients can walk-in at the Historic Courthouse (located at 4000 Chain Bridge Road, Suite 2702, Fairfax, Virginia 22030) or call 703-246-4573.**

Please check the box if you would like a referral to DVAC.

If a Judge signs the Preliminary Protective Order, it cannot be withdrawn prior to the court date. You must appear in Court and tell the Judge why you wish to withdraw your petition. If the Judge denies your Petition for a two-year Protective Order, you have 10 days to appeal the decision at the Post-Court window on the 3rd floor.

Petitioner's Name: _____ Signature: _____ Date: _____

Intake Officer's Name: _____ Phone: _____

To obtain information about whether service was completed, contact the Fairfax County Sheriff's Office at 703-246-3227, choose Option #3 (Monday - Friday, 8am - 4pm)

**FAIRFAX COUNTY JUVENILE & DOMESTIC RELATIONS DISTRICT COURT
RESPONDENT DESCRIPTION SHEET**

JTS Number:

CMS Number:

Issue Date: **May 21, 2014**

Respondent's Name:			Address:						
DOB:	Race:	Sex:	Height:	Weight:	Hair:				
	AKA:		SSN:		Eyes:				
Home Phone:			Cell:						
Vehicle Make:		Model:	Color:	License#:					
Probable Location:									
Attire & Other Distinguishing Features:									
Gang Affiliation/Associates/Relatives:									
Current Offense(s):									
Known to Carry Weapons?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk	Concealed Weapons Permit?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk	
Weapons in the Home?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk	If so - Type of Weapons:				
Known to Abuse Alcohol?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk	Known to Abuse Drugs?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk
Mental Health Issues?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk	History of Assaultive Behavior?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unk
Explanation of Above:									
School:			School Address:						
Petitioner Name:									
Home Phone:			Work Phone:						
Place of Employment:									
Juvenile's Name:									
Home Phone:			Work Phone:						
School:									
Remarks:									
PO/Respondent: Phone:			Expiration Date of Order: adult cases only						

FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT
NINETEENTH JUDICIAL DISTRICT, FAIRFAX COUNTY

Affidavit for Preliminary Protective Order

_____ vs. _____
Petitioner
Respondent
Case No.

1. The person you are seeking the protective order *against* is your:

- | | |
|---|--|
| <input type="checkbox"/> Husband or ex-husband
<input type="checkbox"/> Wife or ex-wife
<input type="checkbox"/> Parent or step-parent
<input type="checkbox"/> Child or step-child
<input type="checkbox"/> Brother or half-brother
<input type="checkbox"/> Sister or half-sister
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Grandchild
<input type="checkbox"/> Mother-in-law living in the same home
<input type="checkbox"/> Father-in-law living in the same home | <input type="checkbox"/> Daughter-in-law living in same home
<input type="checkbox"/> Son-in-law living in same home
<input type="checkbox"/> Brother-in-law living in same home
<input type="checkbox"/> Sister-in-law living in same home
<input type="checkbox"/> Person with whom you have a child in common
<input type="checkbox"/> Current or former cohabitant (a person with whom you have lived as if a married couple within the last 12 months) and any children of either of them then residing in the same home with the person |
|---|--|

2. Do you have any children in common with the Respondent or any children who live in the same household?

YES NO If YES, provide the children's names and ages.

	Name of Child (last name, first name)	Race	Sex	DOB
1				
2				
3				
4				
5				
6				
7				

3. Are you currently living with the Respondent?

YES NO If NO, please explain your living arrangements.

6. Describe any other abuse against you, your children, or any other family or household member(s):

7. Explain why you are afraid for your safety and why you feel you need a protective order.

8. Have you ever filed criminal charges (i.e., requested/obtained a criminal warrant) against the Respondent in the past or have the police filed charges against this person?

YES NO If YES, please explain and give approximate dates.

9. Have you ever filed for a protective order against the Respondent in this or any other court?

YES NO If YES, please explain and give approximate dates.

10. Are there any other legal proceedings involving you and/or the Respondent which are currently on-going or ended within the past year? Include: divorce, custody, visitation, support, abuse and neglect, or criminal

YES NO If YES, please explain:

11. Does the Respondent have a drug or alcohol problem?

YES NO If YES, please describe the kind and frequency of substance abuse.

12. Does the Respondent have a history of mental illness? YES NO

If YES, please describe:

What are you asking the court to include in your protective order if it is granted? (check boxes)

- Order the Respondent to stop abusing me;
- Order the Respondent to stay out of the residence we have been sharing;
- Order the Respondent to help me pay to live in a different residence because I am not returning to the residence that we have been sharing;
- Order the Respondent to not take my car. The car is in my name only or the car is owned jointly with the Respondent but it is the car that I normally drive;

- Order the Respondent to have no other contact with me as the Judge deems appropriate;
- Order the Respondent to not have contact with the other family or household members as the Judge deems appropriate;
- Order the Respondent to participate in treatment, counseling or other programs as the court deems appropriate (at the Protective Order hearing only)
- Grant me temporary custody or visitation (at the Protective Order hearing only);
- Grant me temporary child support (at the Protective Order hearing only);
- Order the Respondent to not terminate any necessary utility service to the residence that I have been granted possession of, or order the Respondent to restore utility services to such residence;
- _____

Given under my hand: _____
Petitioner Date

As translated by: _____

Subscribed and Sworn before me this: _____
Date Intake Officer



justice for a better community

LSNV PRO BONO ATTORNEY APPLICATION

FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

PETITIONER CONTACT INFORMATION			
FULL NAME <small>Last, First Middle</small>			
SS# - -	DATE OF BIRTH / /		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PRIMARY PHONE # () -	TYPE <small>(cell, work, home)</small>		SAFE CONTACT? <input type="checkbox"/> Y <input type="checkbox"/> N
ALTERNATE PHONE # () -	TYPE <small>(cell, work, home)</small>		SAFE CONTACT? <input type="checkbox"/> Y <input type="checkbox"/> N
EMAIL ADDRESS			SAFE CONTACT? <input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS <small>(required; kept confidential)</small>			SAFE CONTACT? <input type="checkbox"/> Y <input type="checkbox"/> N
IMMIGRATION STATUS <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER			
LANGUAGE	NEED INTERPRETER?		<input type="checkbox"/> Y <input type="checkbox"/> N
INTERPRETER	<input type="checkbox"/> LSNV will need to provide interpreter for attorney visits <input type="checkbox"/> Friend/family member can interpret to help schedule initial appointment <i>(please explain below)</i> <i>[name, phone number, relationship, age of potential interpreter]</i>		

RESPONDENT INFORMATION			
FULL NAME <small>Last, First Middle</small>			
ALSO KNOWN AS <small>Last, First Middle</small>			
SS# - -	DATE OF BIRTH / /		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

FINANCIAL ELIGIBILITY			
1	IS PETITIONER CURRENTLY RECEIVING PUBLIC BENEFITS? <i>(TANF, SSI, SNAP)</i>		<input type="checkbox"/> Y <input type="checkbox"/> N
2	GROSS HOUSEHOLD INCOME <small><i>(Before taxes or deductions; DO NOT include Respondent's income)</i></small>		\$ <input type="checkbox"/> PER MONTH <input type="checkbox"/> PER YEAR
	NUMBER OF ADULTS IN HOUSEHOLD	NUMBER OF CHILDREN IN HOUSEHOLD <small>(UNDER 18)</small>	

AUTHORIZATION TO RELEASE INFORMATION

By signing below, I authorize the Fairfax County Juvenile and Domestic Relations District Court and any *pro bono* attorney to whom my case is assigned to release the information in this application, my Petition for Protective Order, and my Affidavit in Support of Preliminary Protective Order to Legal Services of Northern Virginia, Inc. (LSNV).

I also authorize the *pro bono* attorney to whom my case is assigned to consult with LSNV regarding my case and to report the results of any possible representation to LSNV.

SIGNATURE

DATE

PRINTED NAME

INSTRUCTIONS FOR PETITIONER

THIS PROGRAM DOES NOT PROMISE OR GUARANTEE THAT A
LAWYER WILL GO TO COURT WITH YOU.

WHAT TO EXPECT / NEXT STEPS

➔ **Contact the attorney as soon as possible**

- Contact him/her within 24 hours.
- Be sure to explain you were referred through the “Attorney of the Day Program,” and leave your **name** and a **safe telephone number** to reach you.

➔ **Expect a call from LSNV**

- You will need to answer a few more questions about your income and household to confirm eligibility before you can meet with the attorney.
- LSNV will try 3 times to contact you.
- If we miss you, **YOU MUST CONTACT LSNV** to finish your eligibility check or the attorney may not be able to help you.
- Let LSNV know if you are having trouble contacting your assigned attorney.

➔ **The assigned attorney will set up an appointment to meet you**

- Bring any papers or evidence that might help the lawyer understand your case.
- Bring contact information for any witnesses or police officers who could help.

➔ **The attorney may decide not to represent you in court. He/she will tell you if your case is accepted after meeting with you.**

- Because there is no guarantee, it is important to meet with the attorney as soon as possible and cooperate with him/her to evaluate and prepare for court.
- **NO MATTER WHAT, ALWAYS TELL THE ATTORNEY THE WHOLE TRUTH**
- *If the attorney takes your case*, he/she will have you sign a Retainer or Representation Agreement explaining what they have agreed to do for you.
- Even if the attorney does not represent you, he/she should give you some legal advice about your options and what to expect.

IMPORTANT CONTACTS	
LSNV "Attorney of the Day" Program Staff	dvprobonoffx@lsnv.org (703) 778-6800
FOR LEGAL ISSUES OTHER THAN YOUR PROTECTIVE ORDER	
General LSNV Intake Line <i>(housing, consumer, public benefits denials, other family law)</i>	(703) 778-6800 www.lsnv.org
FOR HELP WITH NON-LEGAL ISSUES	
Domestic Violence Action Center (DVAC) <i>(Historic Courthouse, Suite 2702)</i>	(703) 246-4573

**IF YOU DO NOT MAKE CONTACT,
 THE ATTORNEY WILL NOT GO TO COURT WITH YOU.
 AN ATTORNEY HAS NOT AGREED TO
 REPRESENT YOU YET.**

THE ATTORNEY HAS ONLY AGREED TO MEET WITH YOU TO DISCUSS YOUR CASE.
 THE ATTORNEY MAY NOT MEET WITH YOU UNTIL
 LSNV DETERMINES YOUR ELIGIBILITY.

ATTORNEY CONTACT INFO	
POINT OF CONTACT	<input type="text"/>
	[This may not be an attorney; many firms will have you speak to a paralegal or other intake specialist before setting an appointment with an attorney]
CONTACT PHONE	<input type="text"/>
CONTACT EMAIL	<input type="text"/>

HEARING DATE/TIME	<input type="text"/>
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