

TEYOLIA



TEYOLIA ORGANIZATION
ADVOCACY SERVICES REQUEST FORM
CONFIDENTIAL

DISCLAIMER

- Your provided information is treated as **privileged and confidential**.
- Meeting our eligibility requirements is necessary to access advocacy services.
- Completion of this form or submission of information does not guarantee receipt of advocacy services.
- We will carefully review your service request to assess our ability to assist with your case or matter.
- To facilitate our review process, we may request additional information and documents from you. A member of Teyolia will then reach out to inform you of our ability to assist.
- By sharing information about your issue(s) with us, you authorize our consultation with professionals such as lawyers, investigators, and experts to evaluate your situation. Like us, they are bound to maintain confidentiality regarding your information and concerns.
- Additionally, you grant us permission to communicate with your current or former attorney(s) if applicable.

Our services are **free**, but you may need to cover some costs pertaining to your matter, such as filing fees. If we can assist you in your matter our services may include:

- (a) performing a limited action, such as writing a demand letter on your behalf,
- (b) attempting to find a low cost/pro bono attorney to represent you, and/or
- (c) allocate other resources and/or services

- (d) help you explore different options & outcomes
- (e) accompany you to appointments, hearings, and important meetings
- (f) provide support through your matter
- (g) ensure your rights are properly exercised & protected
- (h) Hold people accountable. If you think your rights have been violated, we can explore further action whether that be legal or disciplinary.

We are NOT your attorney nor does our work intend nor constitute **legal or professional advice.**
This is NOT an agreement of advocacy services.

Our working relationship will not begin until you sign a written agreement for advocacy services with a Teyolia volunteer advocate.

You are responsible for any current deadlines in your case or matter. We CANNOT guarantee how long it will take to review your application.

You must contact us if your information such as your address or income changes while we review your matter.

**PLEASE DOWNLOAD THE FORM TO FILL OUT AND SEND IT VIA EMAIL TO
TEYOLIAORGANIZATION@GMAIL.COM**

When you click the "I AGREE" box below, you have READ and AGREE to our terms of service.

☐ **I agree**

INTAKE FORM
(Confidential)

Full Name:
DOB:
Phone Number:
Email:
City, County & State of Residence:
Occupation:
Preferred Language:
Marital Status:
EMERGENCY CONTACT
Name: _____
Relationship: _____
Phone number: _____
Type Of Advocacy/ Assistance Needed <input type="checkbox"/> One-to-one Advocacy <input type="checkbox"/> Information/Resources
Briefly Explain Why or how You Need Assistance : _____ _____ _____

ADDITIONAL INFORMATION

How did you hear about us?

Do you have a support system? (friends, family, colleagues supporting you in the matter)

Please indicate your Race/Ethnicity/Nationality (OPTIONAL):

- ☐ Native/Indigenous
 - ☐ Tribe/Nation/Pueblo:
- ☐ Chican@
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White, Caucasian.
- ☐ Do not wish to disclose
- ☐ Please enter your answer if not listed:

Please indicate individual's gender (OPTIONAL):

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary/non-conforming
- ☐ Do not wish to disclose

☐ Other:

How would you describe your current economic landscape?

- ☐ Well-off
- ☐ Comfortable
- ☐ Tight Budget
- ☐ Paycheck to paycheck

Signature:

Date: