

**Office use only**

Date: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

Application outcome: \_\_\_\_\_

Income verification type: \_\_\_\_\_ (copy of proof attached)

Consultation appointment date and time: \_\_\_\_\_

**Pro Bono Project Silicon Valley** (408) 998-5298 phone  
25 N. 14<sup>th</sup> Street, Suite 506 (408) 971-9672 fax  
San Jose, CA 95112 [www.probonoproject.org](http://www.probonoproject.org)

**PLEASE NOTE:** Your application will be consider incomplete and will not be process without income verification. Please attach proof of income at the time you submit your application. Last month paystubs, if paid in cash, last years income taxes and any other proof of income benefits.

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

Legal Name: \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell Alternative

E-mail address: \_\_\_\_\_

Any calling restrictions? \_\_\_\_\_

Are you a Reentry client and/or have you been previously incarcerated? Yes No

PFN/CDC # (if applicable) \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary language: \_\_\_\_\_

Do you have a disability? Yes No What kind of disability? \_\_\_\_\_

Do you own firearms? Yes No

**Opposing Party –who is this case against**

(Examples: husband, wife, boyfriend, etc....)

Legal Name: \_\_\_\_\_  
First Middle Last

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Opposing party current income:** \$ \_\_\_\_\_

**Does the other party own firearms?**      Yes                  No

**Minor Children:**

How many regarding this case: \_\_\_\_\_ Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Who do they live with? \_\_\_\_\_

Other minor children supported by you: \_\_\_\_\_ Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**COURT CASE #:** \_\_\_\_\_

Is this case filed in Santa Clara County? Yes          No

**Pending court dates/hearings:** \_\_\_\_\_

|   |
|---|
| <b>Are you represented by an attorney in this matter?</b> Yes                  No |
|---|

Do you or the other party own any real property (home, land, rental property, etc.)?

Yes    No

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

**Legal Issues: (check all that apply)**

|                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | custody issues                    |
| <input type="checkbox"/> | visitation                        |
| <input type="checkbox"/> | domestic violence/dating violence |
| <input type="checkbox"/> | sexual assault                    |
| <input type="checkbox"/> | stalking                          |
| <input type="checkbox"/> | restraining order                 |
| <input type="checkbox"/> | other                             |

Brief description for other: \_\_\_\_\_

**Please submit proof of income along with this application**

Copies of check stubs (monthly), unemployment benefits, public benefits, if self-employed most recent 1040, other proof, etc.

Income: \$ \_\_\_\_\_ (Gross per month)    Source: \_\_\_\_\_

Partner/current spouse income: \_\_\_\_\_

Other source of income: \_\_\_\_\_

**If not earning an income, how are you supporting yourself?**

\_\_\_\_\_

**Are you receiving any of the following?**

\_\_\_\_ Medi-Cal    \_\_\_\_ Food Stamps    \_\_\_\_ SSI    \_\_\_\_ SSP    \_\_\_\_ Cal WORKS or TANF    \_\_\_\_ other

## PRO BONO PROJECT OFFICE POLICIES

**PLEASE READ & SIGN THIS FORM:**

### **Statement of Services**

I \_\_\_\_\_, *understand the following:*

*Print Name*

1. If my application for services is approved, it is for a consultation only with the sole purpose of gaining information to determine what services may be provided for my legal problem. **We have not made a determination that we can represent you.**
2. The interview is confidential and may be conducted by a volunteer, who may or may not be an attorney. Any non-attorney will be supervised by an attorney.
3. At the time of my consultation, it is my responsibility to bring all my court documents. If I do not bring the required paperwork, my consultation may be cancelled.
4. **I understand Pro Bono Project does not guarantee representation.**
5. If I do not provide Pro Bono Project with copies of my court documents, a decision to help me may be prolonged.
6. It is my responsibility to inform Pro Bono Project of changes on my income and contact information.
7. If my income changes and is determined I am not eligible based on my new income level, Pro Bono Project may terminate services.
8. **If I misrepresent my financial eligibility for services, I understand that I may be charged up to \$350.00 per hour for services already rendered and for all future services or Pro Bono Project may terminate services and close my case.**
9. Minor children are not allowed at my consultation nor left in the waiting area without adult supervision. If I bring a child, my consultation may be cancelled.
10. If I fail to show for my appointment without 24 hours' notice, I understand my application will be put on hold until all other current consultation appointment requests are filled. If I fail to show for two appointments, I will not be rescheduled.
11. Pro Bono Project reserves the right to refuse services in any case.

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments are true and correct.**

Date: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

# UNDERSTANDING STALKING

## ARE YOU BEING STALKED?

**Stalking is a series of actions that make you feel afraid, distressed or in danger.**

Stalking is serious, often violent, and can escalate over time.

### Are you...

- Always looking over your shoulder?
- Confused about how someone always seems to know where you are?
- Unsure when that person will show up again?
- Nervous about checking your e-mail or phone because it might be him/her/them again?
- Scared of what that person might do next?

**You may be a victim of stalking.**

**“Going to work, attending your kids activities, going out for the evening... these things seem routine. For me, they’re terrifying because I never know what he will do or when he will show up.”**

*—Stalking Survivor*

**Stalking victims often feel scared, angry, annoyed, isolated and/or confused.**



## WHO ARE STALKERS?

### Most stalkers target people they know.

Many stalkers commit this crime against people who they've dated/been romantically involved with. Stalkers may also be acquaintances, family members and/or strangers.

**Nearly 1 in 3 women and 1 in 6 men will be stalked in their lifetimes.**

While most stalking victims are female and the majority of perpetrators are male, anyone can be a victim or perpetrator of stalking.

**Stalking is a crime in all 50 states, the District of Columbia and U.S. territories.**

# WHAT DO STALKERS DO?

Most stalkers use multiple tactics to scare their victims. These behaviors may include (but are not limited to):

- **Unwanted contact** through repeated calls (including hang-ups), texts, e-mails or messages.
- **Following** you.
- Sending **unwanted gifts** or letters.
- **Tracking you** using technology (like GPS, apps or hidden cameras)
- **Showing up** or **waiting for you** at your home, work or school.
- **Damaging** your property.
- **Spreading rumors** about you – in person or online.
- **Posting or sharing or threatening** to post or share intimate photographs of you.
- **Harassing** your co-workers, family or friends.



- **Gathering information** about you by using the internet or going through your trash.
- **Hacking your accounts**, changing your passwords or impersonating you online.
- **Threatening** to hurt you or those close to you – family, friends, pets.
- Other actions that **control, track, or frighten you**.

**The stalking is not your fault and you cannot control the stalker's behaviors.**

# WHAT CAN YOU DO TO BE SAFE?

It can be helpful to think of strategies to help keep yourself and loved ones safe. You may want to:

- Call **9-1-1** if you're in imminent danger or have been threatened.
- **Trust your instincts**. If you think that you're in danger, you probably are.
- Connect with a **local victim service provider** who can help you explore options and make a detailed safety plan. Not sure where to go? Call the hotlines listed under "Resources."

**The stalking is not your fault and you cannot control the stalker's behaviors.**

- **Document** everything that happens – keep a record or log. See [stalkingawareness.org/what-to-do-if-you-are-being-stalked/](http://stalkingawareness.org/what-to-do-if-you-are-being-stalked/) for a sample log.
- **Tell people you trust** about the situation. See if your school, workplace, or building security can help with your safety plans.
- Consider getting a **court order** to keep the stalker away from you. Contact your local domestic violence/sexual assault agency or family court for more information.
- Learn more **safety strategies** at [stalkingawareness.org](http://stalkingawareness.org).

# RESOURCES

If you do not know how to reach your local service provider, or for additional assistance, you can contact the following hotlines:

**Victim Connect**

[victimconnect.org/](http://victimconnect.org/)

855-4-VICTIM (855-484-2846)

**National Sexual Assault Hotline**

[RAINN.org](http://RAINN.org)

800.656.HOPE (4673)

**National Domestic Violence Hotline**

[thehotline.org](http://thehotline.org)

1-800-799-SAFE (7233)

**SPARC**

Learn more at [StalkingAwareness.org](http://StalkingAwareness.org)