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LEGAL ASSISTANCE REFERRAL TO INNER CITY LAW CENTER

Thank you for referring your client to Inner City Law Center's HIV/AIDS Law Project (HLP) for legal assistance. Please fill out as much information as possible. Our office will contact the individual. If you have any questions, please contact our project at 213-891-2916. Thank you.

You MUST also include the following *client* documents:

1. Photo I.D.,
2. Most recent HIV/AIDS diagnosis form signed and dated by doctor/nurse,
3. Proof of income (if any), and
4. Documents regarding the client's legal issue.

FAX OR EMAIL THIS FORM TO:

Attn: HIV/AIDS Law Project

Fax: (213) 891-2888

Email: hopwa@innercitylaw.org

Person Referring:

Client being Referred:

Name:	Client Name:
Title:	DOB:
Organization:	Client Address:
Phone No.:	Client Phone No.:
E-mail:	Client E-mail:
Fax No.:	Source of Income (SSI, GR, etc.):

PLEASE INDICATE THE LEGAL ISSUE BELOW: (check all that apply)

- HOUSING ISSUE (section 8, evictions, 3/30/90 day notices, poor living conditions, discrimination etc...)**

Brief Summary:

- PUBLIC BENEFITS ISSUE (SSI, CAPI, Medicare etc...)**

Brief Summary:

- OTHER (immigration, employment etc...)**

Brief Summary:

