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New Case Intake Form

STUDENT INFORMATION - Please fill out ALL INFORMATION in the fillable fields.

Are you a currently registered graduate student at UMD-CP?

First Name:

Last Name:

University ID:

Street Address & Apt #:

City, State, Zip Code:

Phone Number:

Email Address:

May we leave voicemails about your case?

May we email about your case?

Expected Graduation Date:

UMD Academic College/School:

Are you an international student?

If yes, what is your home region?

How did you hear about our office?

[Click here to join our email list.](#)

CASE INFORMATION - Please fill out ALL INFORMATION in the fillable fields.

Does your case involve another UMD-College Park student?

If yes, please list their name(s) and status (graduate or undergraduate):

In what state did your issue occur?

Please be advised that our attorney is only barred in Maryland and Washington DC, so if your issue occurred in another state he will be unable to advise you on the specific law relevant to your case. However, he may be able to provide general legal information regarding your issue.

Briefly describe your issue in a few sentences:

Please continue to the next page to read and sign the disclosure form.



DISCLOSURE FORM

By signing below, I (Print Name) _____, am acknowledging that if I proceed with obtaining legal advice and counsel from the Attorney, the scope of the relationship will be limited to the provision of legal advice and counsel. I am also acknowledging and agreeing that the Attorney has no duty to and will not represent me in any outside forum, including court or University proceedings. I agree to knowingly and voluntarily obtain advice and counsel with this in mind.

I understand that the issues must be personal in nature and that the GLAO does not provide information on student businesses or their development. GLAO cannot provide assistance in cases where the opposing party is The University of Maryland-College Park or another University of Maryland-College Park graduate student, as consultation in those matters would be deemed a conflict of interest.

Should you choose not to sign below, the Office will provide referrals to private attorneys.

I have carefully read the above and am signing below knowingly with a full understanding of what it means to do so.

You must sign (not type) your name below. Your signature may be either physical or electronic. If you do not have access to a printer, please sign using an e-signature. Click here for instructions on e-signatures.

Signature

Date

**STOP: THE REMAINDER OF THIS
FORM IS FOR STAFF USE ONLY.**

STAFF USE ONLY – CASE DETAILS

Case notes: