**APS** (State) **INTAKE FORM**

**INSTRUCTIONS:** “**This form**” to be typed; completely filled out; sent by e-mail (with all the documents listed) to:

intake@nationallibertyalliance.org

**Fill in the Date**

**↓**

|  |  |  |
| --- | --- | --- |
| Date Intake Form Sent: |  | **need**:  |
| Date Notarized Affidavit Sent: |  |
| Donation: | yes / no |
| Serve Date: |  |
| Default Date: |  |
| **PETITIONERS:** |  |
| **RESPONDENTS:** |  |
| **1**. Judge | **2**. County Sheriff | **3**. Prosecuting attorney | **4**. Attorney general |

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| --- | --- |
|  | **Fill In This Column Only****↓ ↓** |
| **PETITIONER1**  | **name:** |  |
| **date of birth:** |
| **PETITIONER2** | **name:** |  |
| **date of birth:** |
| **RELATIVE:** (**Contact** Person)**:**  | **name:** | Phone: E-mail: Fax: Skype: |
| **street address:** |
| **city, state zip:** |
| **date of birth:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **Skype:** |
| **COUNTY :** | **county:** |  |
| **STATE :** | **state:** |  |

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| **STATE COURT**, statutory**:** (origin) | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **JUDGE:** (origin) | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **CASE NO.** (origin)**:** | **number:** |  |
| **COUNTY CLERK**(county of origin)**:** | **name (include title):** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| **FEDERAL COURT**, de jure: (HC) | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **CHIEF JUDGE:** (HC) | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **CLERK** *of* **COURT:** (HC) | **name (include title):** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| --- | --- | --- |
| **COUNTY SHERIFF:** | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **SEARCH WARRANT:** | **date:** |  |
| **CODE VIOLATION CITATION:** | **date:** |  |

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| **ATTORNEY** *for* **PETITIONER1:** | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **ATTORNEY** *for* **PETITIONER2:** | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |
| **ATTORNEY GENERAL:** | **name:** | Phone: E-mail: Fax:  |
| **street address:** |
| **city, state zip:** |
| **phone:** |
| **e-mail:** |
| **fax:** |

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| **DOCUMENTS ATTACHED:** | **Docket:** | yes/ no |
|  | **Affidavit(s):** | how many |
|  | **Search Warrant:** | yes/ no |
|  | **Code Violation Citation:** | yes/ no |
| Did petitioner refuse a BAR attorney?  | yes/ no |
| Did respondents deny petitioner his/her right to choose non-BAR counsel?  | yes/ no |
| Are you an NLA Member?  | yes/ no |
| Are you enrolled in the free online Civics Course?  | yes/ no |
| Are you attending the Monday Night Call-In?  | yes/ no |
| **[NOTES]:** |