



INJUNCTION REPRESENTATION REFERRAL

Name/Nombre: _____ Date/Fecha: _____

Case Number: _____ Date of Hearing: _____

Phone Number: _____ Date of Birth: _____

Your Address: _____

Email Address: _____ Nature of Relationship: _____

Respondent's Name: _____ Respondent's Date of Birth: _____

Respondent's Address: _____

I understand that I shall receive a legal consultation only regarding the **Injunction for Protection proceeding**. Thereafter the IFP Attorneys shall determine if further legal services shall be provided and the initial consultation in no way obligates the IFP Attorneys to provide further legal assistance to the applicant. I understand and agree to the terms above.

Signature

Date

▪ **Orange County Courthouse 425 N. Orange Ave. Room 520**
Orlando, FL ▪ (407) 836-2001 ▪ FAX (407) 836-0462 ▪