Before filling out the following form, please read "How the NHCLU Accepts Cases."

Until the NHCLU agrees to take your case you are solely responsible for any and all statutes of limitations. If you believe your case demands immediate attention, you may wish to seek advice from an attorney. Please fill out the following questionnaire as completely as possible and return it to: NHCLU, 18 Low Avenue, Concord, NH 03301

DO NOT ENCLOSE ANY ORIGINAL DOCUMENTS WITH THIS FORM. Because of the volume of requests that we receive we cannot return any materials that you submit to us with your intake questionnaire.

New Hampshire Civil Liberties Union Intake Questionnaire

Name:		Date:		
Address:				
City:	State:	Zip:	Phone:	
WHAT IS THE NATURE OF THE COI Be brief, but give details such as when and whe all people, government agencies, etc. with whom	ere the problem occurred. Be s	ure to include dates	and specific information rega	arding the names of
		 		
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	D 211	Volunteer Attorne	у	
DO NOT WRITE BELO				
Please sign and date			Date:	
If Yes, please fill in a	name or agency above			
there anyone you v	would ask us not to co	ontact?		
			use your name? Yes: No:	
Where we might de	em it appropriate or l	helpful, do we have your p	ermission to contact authorities or	r other
			he documents. DO NOT ENCLOSE	
If you have doore	ents which you heliow	re may help us to avaluate	your complaint, please describe br	iefly what
What kind of help	are you requesting fro	om the NHCLU?		
case? Yes		o mare year permission	10 0011000 1110 00101110 , 10 0 110	, and y can
-	-		ES, indicate the attorney's name a to contact the attorney to disc	_