



**ALLEGHENY COUNTY BAR FOUNDATION**

**Disaster Victim Legal Assessment**

**Please complete the following legal assessment:**

FAMILY Contact Information:

NAME \_\_\_\_\_

Family Members:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Temporary Address \_\_\_\_\_

Contact Information \_\_\_\_\_

DHS CASE Manager \_\_\_\_\_ Phone \_\_\_\_\_

**Legal Assessment:**

Do you have any pending legal issues? \_\_\_\_\_

Do you own property that was damaged? \_\_\_\_\_

Insurance Issues: \_\_\_\_\_

Family Law Issues (Support, custody, PFA)? \_\_\_\_\_

**Would you like to meet with an attorney to discuss any legal matter?** \_\_\_\_\_

**If yes, briefly describe legal problem** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_