



FLORIDA RIGHTS RESTORATION COALITION

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CONFIDENTIAL INTAKE FORM

Workshop Date: _____ Workshop Location: _____

Name: _____
First Middle Name Last

Mailing Address: _____

Email Address: _____

Phone numbers: (____) _____ (day/evening) Cell: (____) _____

DEMOGRAPHIC INFORMATION:

Race/Ethnicity (check one):

- Black or African-American Latino/a/Hispanic Haitian-American
 White American Indian or Alaskan Native Asian
 Native Hawaiian or other Pacific Islander Other _____

Gender: Male Female

Date of Birth: _____/_____/_____
Month Day YYYY

We Want Your Help!

Would you like to receive emails to learn about our work on restoration of civil rights?

Yes No

Would you like to add your voice to those of other Floridians committed to removing Florida's civil rights ban? Would you like to be involved in public education or other advocacy efforts (such as speaking to the press or legislators, participating in public meetings and/or conferences on the importance of civil rights restoration)? Yes No

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*The information contained herein is intended for educational purposes only and does not constitute legal advice.
FORM A-1 -Intake - 02/2010*

Prepared by the ACLU Foundation of Florida for the FRR

ELIGIBILITY QUESTIONS

1. Are you a U.S. Citizen? Yes No
2. Were you convicted of a felony? Yes No
If yes, of what felony offense(s) were you convicted? _____

IF YOU ANSWERED NO TO QUESTION 1 OR 2, **STOP HERE. SOMEONE WILL ASSIST YOU.**

4. Are you still under supervision or conditional release? Yes No
5. Do you still owe any court-ordered restitution? Yes No
6. Do you have any outstanding detainers or pending criminal charges or have you been arrested since your last conviction? Yes No

IF YOU ANSWERED YES TO QUESTION 4, 5 OR 6, **STOP HERE. SOMEONE WILL ASSIST YOU.**

7. Do you have a federal felony conviction, or were you convicted of a felony in a state other than Florida? Yes No
- a. If yes, are you a Florida resident? Yes No
- b. If yes, please indicate if you have a federal conviction, or list the state(s) in which you have conviction(s) _____
8. Were your civil rights restored in another state? Yes No
9. Have you ever before applied for Restoration of Civil Rights in Florida? Yes No
If yes when? _____ What was the outcome? _____

IF YOU ANSWERED YES TO QUESTION 8 OR 9 ABOVE, **STOP HERE. SOMEONE WILL ASSIST YOU.**

ADDITIONAL BACKGROUND

10. In what Florida county or counties were you convicted: _____
11. Do you owe child support payments? If so, are you in arrears? Yes No
12. Do you have outstanding fines or do you still owe court costs/fees? Yes No

TO BE COMPLETED BY VOLUNTEER

- Applicant is **eligible** for restoration of civil rights (RCR) and completed a data worksheet.
- Applicant is **ineligible** for RCR for the following reason(s): _____

- Applicant's **civil rights were restored**, based on:
 - Applicant's statement
 - Review of Parole Commission database
- Applicant was a minor (age _____) when convicted, and was adjudicated:
 - in juvenile court
 - as an adult

Volunteer Name: _____