

SBI LEGAL ASSISTANCE

ATTORNEY CONSULTATION FORM

Please print clearly and sign at the bottom of the form:

Name: _____ Date: _____

Student Number: _____ Time: _____

Student Type (circle one): Undergraduate | Law School | Dental | Medical | Graduate | Management | Pharmacy

Present Address: _____

Telephone Number: (____)____ - _____ E-mail: _____

Problem (be brief): _____

Does this involve a conflict with another UB student? (circle one): YES / NO

Where did you hear about our services?: UB Orientation / SWJ / Generation Magazine / Flyers / Web / _____
Other

NOTICE: *As a service to students at the State University of New York at Buffalo, the attorneys retained by SBI Legal Assistance are admitted to practice law in New York State and are thereby qualified to give legal advice and opinions.*

I, the undersigned, understand that any information received from staff members or volunteers other than the attorneys of *SBI Legal Assistance* is not intended to be legal advice or opinions.

(please sign)

OFFICE USE ONLY

Attorney: _____

Problems Discussed: _____

Advice Given: _____

Time (Hours): _____

Entered on XLS: _____