



You can also submit a  
complaint online at:  
[www.aclunv.org/intake-information](http://www.aclunv.org/intake-information)

## HOW THE ACLU OF NEVADA ACCEPTS CASES

Thank you for contacting the American Civil Liberties Union of Nevada (ACLUNV). Please be advised that the ACLUNV is unable to provide any legal advice or assistance if we do not accept your case.

The ACLUNV is committed to redressing violations of civil rights and civil liberties. Unfortunately, our resources are limited, and we must concentrate those resources where they can effect the most change. We take cases that raise significant constitutional or civil liberties issues and which impact others in the same situation. We take on very few cases each year.

As a result, we are unable to take the vast majority of cases submitted to us, despite the presence of a real injustice. If your complaint is not pursued by our office, our decision does not mean that your complaint is without merit. You should not be dissuaded from pursuing all remedies available to you.

The ACLUNV generally accepts cases that affect the civil liberties of large numbers of people, rather than those involving a dispute between two parties. The basic questions we ask when reviewing a potential case are:

### **1. DOES THIS CASE RAISE SIGNIFICANT CIVIL LIBERTIES OR CIVIL RIGHTS ISSUES?**

Civil liberties include freedom of speech, press, religion, and association; due process; equal protection; and privacy. Civil rights include, for example, voting rights; discrimination based on disability, race, sex, sexual orientation, religion or national origin; and police reform. Because of the nature of civil liberties claims, the ACLUNV rarely takes a case that does not involve the government.

### **2. WHAT EFFECT WILL THIS CASE HAVE ON PEOPLE OTHER THAN THE PARTIES INVOLVED?**

The ACLUNV evaluates whether lawsuits can affect a large number of people in two ways. First, we sometimes challenge a policy or practice which directly impacts many people. Second, a lawsuit brought on behalf of one person can have a larger impact on others in the long run when it establishes or expands legal protections.

### **3. ARE THE FACTS OF THE CASE IN SUBSTANTIAL DISPUTE?**

Generally, the ACLUNV takes cases that do not involve complicated disputes of fact, but prefers to take cases that involve questions of law only. Facts are considered to be in dispute whenever you have one version of what happened and the other party(s) has a different view.

The reasons we do not accept cases with factual disputes are: 1) Our limited resources (it is often expensive to prove a case which involves substantial factual disputes); 2) A court might never reach

the civil liberties legal issue if it resolves the facts against the client; 3) The case is less likely to have a broad impact on others if the decision rests upon the specific facts of a case.

### **4. WHAT IS THE POTENTIAL IMPACT OF THE CASE?**

The ACLUNV evaluates the potential impact of a case by evaluating the following factors (among others): whether the case will set a civil liberties precedent; whether the case strengthens an existing but ignored precedent; the prospects of success and the risks of losing; the likelihood the issue will recur; and the educational opportunities presented by the case.

### **TYPES OF CASES THE ACLUNV GENERALLY CANNOT ACCEPT INCLUDE:**

- An individual fired without a good reason or just cause
- An individual denied benefits such as worker's compensation or unemployment benefits
- Landlord / tenant disputes
- Criminal defense cases or complaints about a person's attorney
- Private civil disputes, including contractual matters
- Domestic matters (divorce, child custody, wills, etc.)

### **PLEASE CONSIDER THE ABOVE INFORMATION BEFORE FILING A COMPLAINT.**

Even if your complaint falls within the above guidelines, filing a complaint does not guarantee that the ACLUNV will provide legal assistance. We receive many requests for assistance each month, and there are many cases of unfairness and injustice which the ACLUNV is unable to take on.

### **DEADLINES**

Please be advised that there may be deadlines affecting your lawsuit or grievance. **Unless and until the ACLUNV agrees to take your case, you are solely responsible for any and all statutes of limitations or other deadlines applicable to your specific situation.** To protect your rights, please consult with an attorney to determine deadlines applicable to your case. Do not wait to hear from us before proceeding.

### **REFERRALS**

The ACLUNV is not an attorney referral service. For a list of attorneys, or for information about organizations that assist low-income Nevadans with legal matters, you may consult:

#### **Nevada Bar Association, Lawyer Referral Service:**

Phone: (800) 789-5747, Web: [www.nvbar.org/lris/lris.htm](http://www.nvbar.org/lris/lris.htm)

#### **Nevada Legal Services:**

Phone: (866) 432-0404, (800) 323-8666, Web: [www.nlslaw.net](http://www.nlslaw.net)



**DO NOT ENCLOSE ANY ORIGINAL DOCUMENTS WITH THIS FORM**

Due to the volume of requests we receive, we cannot return any materials submitted with your intake questionnaire.

**PLEASE BE ADVISED:** The purpose of this Intake Questionnaire is for the ACLUNV to assess and possibly investigate whether it can provide you with representation. Filling out this Intake Questionnaire does not form an attorney/client relationship between you and the ACLUNV. The ACLUNV does not represent you unless and until the ACLUNV and you have both signed a written retainer agreement. Unless and until the ACLUNV agrees to take your case, you are solely responsible for any and all statutes of limitations or other deadlines applicable to your specific situation. To protect your rights, please consult with a private attorney to determine deadlines applicable to your case. Do not wait to hear from the ACLUNV before proceeding with your matter.

**YOUR CONTACT INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PRIMARY PHONE: (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

**MY COMPLAINT IS AGAINST THE FOLLOWING:**

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
I give the ACLU of Nevada permission to contact this individual, agency, and/or organization? Yes \_\_\_ No \_\_\_

**DETAILS OF COMPLAINT**

Date(s) or Date Range(s) of the situation giving rise to the complaint: \_\_\_\_\_

In which Nevada County did the incident take place? \_\_\_\_\_

1. Please provide a brief factual account of the events leading you to file this complaint. Please include dates, places and the names of the people directly involved.

2. What rights do you feel were violated?

3. Did the person or agency that you believe violated your rights offer any explanation for what happened? If so, please briefly describe their explanation.

4. What steps have you taken to complain/appeal/resolve this issue, including filing complaints with other organizations or government entities?

5. Please state clearly and specifically what you would like the ACLU of Nevada to do for you and the ultimate resolution you would like to see.

**EVIDENCE AND SUPPORTING INFORMATION**

Do you have materials to support your claims? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly describe the nature and substance of your materials (i.e, letters, e-mails, video, and the contents thereof)

\_\_\_\_\_

*Do **NOT** include additional materials with this form. We will request materials from you if necessary.*

Do you have witnesses to support your claims? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information regarding your witness(es):

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PRIMARY PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **ALTERNATE PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DO YOU GIVE THE ACLU PERMISSION TO CONTACT THIS INDIVIDUAL?** Yes \_\_\_\_\_ No \_\_\_\_\_

**ATTORNEY**

If you are represented by an attorney in relation to this matter, please provide the following:

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**FIRM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PRIMARY PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **ALTERNATE PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**LAWSUITS**

If a criminal or civil lawsuit has been filed against you or on your behalf in relation to your complaint, please provide the following:

**DATE FILED:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

**CASE NAME:** \_\_\_\_\_

**PERMISSIONS**

1. Where we deem it appropriate and helpful, do you grant the ACLUNV permission to contact state and/or federal authorities and/or other persons about this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, may we use your name? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is there anyone you would ask us not to contact? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, who? \_\_\_\_\_
3. Although we may not be able to assist you directly, often times the information you provide will be extremely helpful to advocate for change and/or to highlight the injustices occurring in Nevada. **May we use the information you provided in this complaint for purposes other than legal representation such as advocacy with agencies and/or legislative remedies?** Yes \_\_\_\_\_ No \_\_\_\_\_  
*(We will keep your name, address, telephone number and email confidential)*

**BY SIGNING THIS FORM YOU AGREE THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Return Completed Form to:**

**ACLU OF NEVADA  
601 S. RANCHO DRIVE, STE B-11  
LAS VEGAS, NV 89106**