
ISSUE SPOTTING

By Hakhamanesh M. Mortezaie, Esq.

Living with AIDS can mean hours of treatment or therapy. It can mean loss of memory or physical mobility. It can mean poverty. Survival, whether emotional, medical, or financial, can overshadow the legal aspects of one's life. By issue-spotting legal problems early on, we can help clients stave off crises and allow them to focus their energy on their health and well-being.

As an attorney for the AIDS Legal Referral Panel, you will be referred clients for specific problems. The client may need a will, help with his creditors, or assistance with a landlord-tenant problem. If, in your judgment, the client may have additional legal problems, please review with your client the Legal Assessment Form printed on the following pages. In this way, the client can be made aware that a legal problem exists and that there are resources available to deal with that problem. By going through the Legal Assessment Form, you may be able to prevent certain legal situations from becoming crises through early intervention.

You will not be responsible for helping the client with his or her other legal problems. Instead, you should advise the client to call the Panel for additional referrals.

Legal Assessment Form

CONFIDENTIAL: The answers provided in this form are privileged information.

**AIDS Legal Referral Panel
(415) 701-1200**

Date: _____ DOB/Age: _____

Name: _____ Race: _____

Address: _____ Primary Language: _____

Gender: _____

Phone: _____

U.S. Citizen? ☐ Yes ☐ No

(All persons with HIV are eligible for ALRP's services, regardless of their immigration status.)

Intake by: _____ Case Manager: _____

Phone: _____

If you have any of the problems below, please call the AIDS Legal Referral Panel for assistance.

Credit Collection and Bankruptcy

- ☐ You are having difficulty paying your debts.
- ☐ You are anticipating a change in income which may make it difficult for you to keep up with your debts.
- ☐ You are being harassed by creditors or collection agencies.
- ☐ You want to file bankruptcy.
- ☐ You owe money to the IRS or the FTB and can't pay.

☐ You can't pay your student loans and you are in danger of defaulting on them.

Debts		Income and Assets	
Amount	Type	Amount/Value	Source/Item

If you checked any of the above, talk to ALRP to see if you are getting all the government or other benefits for which you are eligible.

Housing

- ☐ You have been served with an eviction notice.
- When? _____
- Did someone give you the notice ☐ in person or did you ☐ receive it through the mail
- ☐ 3-day notice or ☐ 30-day notice
- Reason for eviction as stated on notice: _____
- Do you believe that this is the actual reason? ☐ Yes ☐ No If not, why not? _____
-
- ☐ You have been served with an unlawful detainer complaint.
- (An Unlawful Detainer Complaint is a court document usually served with another one-page court document called a Summons. The terms “Unlawful Detainer” or “Summons” will be written on either the top or bottom of the first page of these documents. An Answer is a court document which you are required to file in response to an Unlawful Detainer Complaint.)
- When served? _____
- How served? _____
- Have you filed an answer or any motion in response? ☐ Yes ☐ No
- ☐ Sheriff is trying to evict you. Eviction date: _____
- ☐ You are having a dispute with your roommates(s).
- ☐ Landlord or ☐ Roommate has locked you out of your apartment.
- ☐ Your apartment has habitability problems.
- ☐ Roaches or rats ☐ Security problems
☐ No hot water ☐ Water leaks ☐ No heat
☐ Bad plumbing ☐ Electrical problems ☐ Other: _____
- Have you notified landlord of defect? ☐ Yes ☐ No If Yes, ☐ orally or ☐ in writing
- Have you notified building inspector of defect? ☐ Yes ☐ No
- ☐ You can't pay your rent.
- (If checked, you should also seek referral to the monthly ALRP Creditor/Bankruptcy Clinic or a Creditor/Bankruptcy attorney. Moreover, you should talk to ALRP to see if you are getting all the government and other benefits for which you are eligible.)

If you have any of the problems above, please also answer the following questions to assist in your legal assessment.

Rent amount: _____ Date usually paid: _____

Rent paid directly to: ☐ Manager ☐ Owner ☐ Roommate ☐ Real estate agency

Back rent amount landlord says is due: _____

Back rent amount you believe is due: _____

Do you live ☐ alone or ☐ with roommates? If roommates, how many? _____

Is there a written lease? ☐ Yes ☐ No If Yes, who is on the lease? _____

☐ You have been evicted before.

☐ You have had previous difficulties with current landlord.

Wills/Powers of Attorney

☐ You don't have a durable power of attorney for health care.

(This document lets you name someone who will have power of attorney. That person can then make decisions regarding your health care if you ever become unable to do so.)

☐ You don't have a durable power of attorney for finances.

(This document lets you name someone who will have power of attorney. That person can then take care of your financial matters if you ever become unable to do so.)

☐ You don't have a will. A will is strongly recommended if any of the conditions below apply:

☐ You have minor children.

☐ You own real estate.

☐ You are in a same-sex relationship.

☐ You are in an unmarried opposite-sex relationship.

☐ You have a poor relationship with immediate family.

☐ You want to make specific gifts to friends, family, or charity.

☐ You want to leave specific funeral or burial arrangements.

☐ You want to set up a trust.

Whom do you want to be the trustee?

Whom do you want to be the beneficiaries (e.g., children, charity)?

☐ You need estate-planning information.

☐ Your estate is worth more than \$60,000.

☐ You need assistance with probate or settling estate of deceased person who had HIV/AIDS.

☐ You own real estate.

If any items on this page are checked, you should contact ALRP for help. Durable powers of attorney for health care, durable powers of attorney for finances, and simple wills will be provided free of charge to ALRP clients regardless of their income. ALRP advises all of its

clients to draft these documents as soon as possible while they are healthy. Doing so protects you from any objections that you were incompetent when these documents were executed.

Immigration

If you are in need of help in obtaining citizenship, permanent residence, or other legal documentation for living in the U.S., you should contact ALRP for a referral to an immigration attorney.

Your immigration status:

- ☐ Undocumented immigrant/refugee
- ☐ Lawful permanent resident
- ☐ Other: _____

Your immigration status is complicated by the following:

- ☐ Political status
- ☐ Criminal proceedings
- ☐ Health status
 - ☐ You are seeking assistance in obtaining an HIV waiver
- ☐ Economic problems
- ☐ Marriage/relationship status
- ☐ Employment status
- ☐ Other: _____

You are currently facing (or are threatened with) the following proceedings:

- ☐ Deportation
- ☐ Removability
- ☐ Asylum
- ☐ Other: _____
- ☐ Your adjustment of immigration status is currently on appeal

Insurance

- ☐ You are uninsured and concerned about your ability to get insurance.
- ☐ You are changing or losing your job and have questions about access to health insurance or other employee benefits such as disability, health or life insurance.
- ☐ You are having a dispute with your insurance company over coverage of certain treatments.

- ☐ Your long-term disability claim was denied because of a pre-existing condition clause in your policy or for other reasons.
- ☐ Your health benefits plan is subject to a cap for HIV-related treatments.
- ☐ You are planning to go on disability and are concerned about its effect on your employment or benefits.
- ☐ You have questions about conversion of your group insurance policy to an individual policy.
- ☐ You have questions about retaining your health insurance after leaving your job (COBRA).
- ☐ Other: _____

Employment

Have you told your employer of your HIV status ☐ Yes ☐ No

(ALRP does not necessarily recommend that you tell your employer about your HIV status before you have talked to an attorney about your specific situation.)

- ☐ You believe that you are being discriminated against or harassed by your employer or co-worker on the basis of:
 - ☐ Race ☐ Gender ☐ Sexual Orientation ☐ HIV/AIDS Status
 - ☐ Other Disability ☐ Other: _____
- ☐ You were fired or demoted or had your hours cut when your employer found out about your HIV status.
- ☐ An employer has required you to take an HIV test as part of the application process.
- ☐ Your employer fired you when you went out on disability.
- ☐ Your employer fired you for health-related absences.
- ☐ You want to ask your employer for reasonable accommodation (such as flex time) for your disability.
- ☐ Your employer refuses to modify your work schedule in response to your request for a reasonable accommodation of your disability.
- ☐ You were discriminated against or harassed by your employer or co-worker because you were taking care of someone who was HIV+ or your employer thought that you were also HIV+.
- ☐ You need assistance with your workers comp. claim.

Government Benefits

(SSI, SSDI, GA, MEDICAL/MEDICARE, SDI, ETC.)

- ☐ You have been denied SSI or SSDI.
(ALRP provides free SSI and SSDI appeals regardless of the client's income.)
- ☐ You have been charged with overpayment of benefits and have been requested to pay the government for the amount of the overpayment.
- ☐ You want information on spending down assets to meet financial eligibility for needs-based government benefits programs (such as Medi-Cal).
- ☐ You will be coming into an inheritance or settlement and are concerned about becoming financially ineligible for benefits you are receiving.
- ☐ You have a problem with your representative payee.

Family Law/Divorce

- ☐ You want a divorce or separation from your spouse.

Date of marriage: _____

Date of separation (if applicable): _____

Common assets: _____

Children? ☐ Yes ☐ No If yes, what are their ages? _____

Child Support/Custody/Visitation

- ☐ You want modification of child support payments.
(If checked, client should also seek ALRP consultation on creditor/bankruptcy matters.)
- ☐ You are involved in child custody dispute.
- ☐ You have problems obtaining visitation rights or having the child's guardian honor your visitation rights.

Adoption/Guardianship

- ☐ You want to arrange for adoption of your minor children.
- ☐ You want to arrange guardianship for minor children that are in your custody.

(Guardianships are strongly recommended if the other parent is unable, unwilling or unfit to take care of your children and especially if you want someone other than a relative to take care of your children.)

Confidentiality

You want information on:

- ☐ Mandatory testing for HIV
- ☐ Physicians' reporting standards
- ☐ Unauthorized disclosure by

- ☐ Physician

- ☐ Nurse

- ☐ Insurance Company

- ☐ Other: _____

Public Accommodations

☐ You believe that you are being discriminated against on the basis of:

☐ Race ☐ Gender ☐ Sexual Orientation ☐ HIV/AIDS Status

☐ Other Disability ☐ Other: _____

☐ This discrimination is occurring in the following public accommodation(s):

☐ Housing:

☐ Apartment

☐ House

☐ Hotel/Motel

☐ Other: _____

☐ Business:

☐ Store

☐ Restaurant/Bar/Club

☐ Hotel/Motel/Other Type of Lodging

☐ Other: _____

The person discriminating against you is:

☐ Owner/Manager

☐ Employee

☐ Other: _____

☐ Architectural access issues are involved

☐ You have already filed a complaint:

☐ DFEH

☐ Other administrative agency: _____

HIV Consumer Rights

☐ You believe that you are being treated unfairly by an AIDS-service organization.

☐ You believe that you are being denied the following services:

☐ Primary Medical

☐ Case Management

☐ Dental Care

☐ Housing

☐ Food Assistance

☐ Mental Health Services

☐ Legal Services

☐ Transportation

☐ Substance Use

☐ Complementary Treatments

☐ Home Health Care

☐ Other: _____

☐ You have filed a grievance with the service organization

☐ You have received a response. Explain: _____

Criminal Issues

☐ You are facing criminal charges or the threat of criminal prosecution in the following area(s):

☐ Medical marijuana

☐ Intentional infection of HIV/AIDS

☐ Viatical issues

☐ Other: _____

Prisoners' Rights

- ☐ You are currently incarcerated in:
- ☐ Prison:
 - ☐ California state prison
 - ☐ Federal prison
 - ☐ County jail
 - ☐ Other facility: _____
- ☐ You believe you have been treated unfairly in the following area(s):
- ☐ You have suffered injury:
 - ☐ Physical
 - ☐ Mental/Psychological
 - ☐ Emotional
 - ☐ You have been threatened with violence
 - ☐ Segregation/isolation from other prisoners
 - ☐ Insufficient medical treatment/access to medications
 - ☐ Exclusion from programs/services
 - ☐ Breach of confidentiality/disclosure of HIV/AIDS status
 - ☐ Subjection to unhealthy/unsafe prison conditions
 - ☐ Discrimination based on disability. Explain: _____
- _____
- ☐ Forced to submit to HIV testing
 - ☐ Other: _____
- _____
- ☐ You have filed a written complaint/grievance with prison/jail officials
- ☐ You have received a response to your grievance. Describe: _____
- _____
- ☐ You require help with obtaining an early medical release

Transgender Issues

- ☐ You believe that you are being discriminated against or harassed because of your transgender status in the following area(s):
 - ☐ Employment
 - ☐ Public Accommodations
 - ☐ Public Benefits
 - ☐ Education
 - ☐ Hate crime
 - ☐ Violence
 - ☐ Threat(s) of violence
 - ☐ Other: _____
- ☐ You require assistance with marital issues.
- ☐ You require assistance with parental/adoption/custody/visitation issues.
- ☐ You require assistance in obtaining identification or other government documents.
- ☐ You require assistance in obtaining government benefits or insurance.
- ☐ You require assistance with immigration issues.

Other Legal Concerns

- ☐ Traffic or parking tickets
- ☐ Personal injury
- ☐ Medical malpractice
- ☐ Other: _____
