

Harriett Buhai Center for Family Law

We protect victims of domestic violence and improve the well-being of children living in poverty. With the help of volunteers, we provide free family law assistance and legal education to the poor. We strive to empower people in need and assure them meaningful access to the courts. We aspire to create a community where poverty is not a barrier to those who seek to resolve critical family law matters.

The People We Help

We assist low-income women and men who can show they:

- have limited funds, with proof of their monthly wages or other sources of income and any property
- live in Los Angeles County
- have a family law or domestic violence case in Los Angeles County

The Kinds of Cases We Handle

Divorces/Domestic Partnerships: If you are married or were married to your partner or if you have a domestic partnership, we may help you:

- Dissolve your divorce or domestic partnership
- Obtain restraining orders protecting you, your family, and your property
- Determine custody and visitation
- Collect child support including health and childcare expenses
- Collect spousal support including health insurance
- Establish rights to community and separate property

Parentage: If you have a child but were never married to the other parent, we may help you:

- Establish who the legal parents are
- Determine custody and visitation
- Collect child support including health and childcare expenses
- Obtain restraining orders protecting you, your family, and your property

What Happens If We Accept Your Case

If we accept your case, we will give you the legal information, advice, and help you need so that you are prepared to go to court. We will give you legal advice, help you prepare your court documents, and teach you about the steps in the court process

3250 Wilshire Blvd
Suite 710
Los Angeles CA 90010
www.hbcfl.org



ECC Students Interested in Services

complete the following forms and return to Breeanna Bond

email: bbond@elcamino.edu **Phone:** (424) 226-6645

www.elcamino.edu/student/studentservices/care/index.aspx



Co-Sponsors: Black Women Lawyers Association of Los Angeles • Los Angeles County Bar Association • Women Lawyers Association of Los Angeles

Confidential Student Screening Form

Instructions: **Do not leave any fields blank, write in N/A if not applicable.** If approved for appointment, verification of all income and address is required.

Date:			
Referring Staff Name:	Breeanna Bond	College Name:	El Camino College
Staff Contact info.	Phone: (424) 226-6645	Fax:	
Student's Name/Date of Birth:	First:	Middle:	Last:
	DOB:		Maiden/other:
Student's Safe Phone Number:	()	Best days/time to call:	
Student's Safe Email:	Email:		
Student's current physical address (NO P.O. Box):	Street Address:	City/Zip:	
Number of student's minor children currently living with student:	_____		
Student's gross monthly income/source(s):	Sources (circle all that apply): <input type="checkbox"/> CalWORKs <input type="checkbox"/> Employment <input type="checkbox"/> General Relief <input type="checkbox"/> SSI <input type="checkbox"/> Child's SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____		
	Total \$ _____ per month (Gross = before taxes/deductions)		
Name of the person student has problem with/case against:	First:	Middle:	Last:
	Relation to student:		DOB:
Court Case Number/City:	Case #	City:	
Scheduled hearing date, if any:	Date:	Type of Hearing:	
Domestic Violence:	Has this person been violent, made threats to harm you or loved ones, or harassed you in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel you need immediate emergency protection from this person? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Instructions for College Staff: Email this completed form and Signed Email Agreement form for each student to the Harriett Buhai Center for Family Law (Center) staff person below no later than 5 business days prior to a scheduled appointment day at the college. Center staff will review all referrals made within 2 business days and will return these to college staff with the appropriate decision concerning each student. Once a student is approved, College staff must add student name to Appointment Schedule. Once Appointment Schedule is finalized it must then be forwarded to the Center no later than 2 business days before the appointment date.

To: Noemi Hidalgo, Client Assistant, Harriett Buhai Center for Family Law		
Fax: 213-559-0997		Phone: 213-388-7505 ext. 300
Email: nh@hbcfl.org		
HBCFL STAFF USE ONLY		
Request Docs.? Yes / No	Screening Date:	HBCFL Staff initials:
If not approved, outcome:	Referred Out to:	
	HBCFL prior client HB# _____	Request to Reopen to:
	Other:	



Administration: (213) 388-7505 • Client Appointments (213) 388-7515 • Fax: (213) 388-7503
3250 Wilshire Blvd., Ste.710 • Los Angeles, CA 90010 • www.hbcfl.org

PRIVILEGED AND CONFIDENTIAL ATTORNEY WORK PRODUCT
CLIENT USE OF EMAIL AGREEMENT AND CONSENT FORM

1. I understand there are risks to communicating with the Harriett Buhai Center for Family Law and its volunteer attorneys (collectively "Center") by email. There is a possibility that my confidential and attorney-client privileged information can be found, used, forwarded, and circulated by others without my authorization, knowledge, or consent.
2. I understand the Center cannot guarantee protection of my confidential and attorney-client privileged information from being found, used, forwarded and circulated by others without my authorization, knowledge, or consent.
3. I understand that I am required to only use a safe email address when communicating with the Center. This means that no one other than me has access to my email account. This includes my spouse, partner, children, family members, friends, and employer.
4. I understand that if I am living with a spouse or partner who is the opposing party in my case, there is a risk that they could see the emails I send the Center if we use a shared device or if they get access to my phone, computer, or device. I understand I should not check or send email from my safe email address on a device that is shared with my spouse or partner, or that I think my spouse or partner may try to access.
5. I understand that if we use a shared device to access email, the safest option for me is to create a new email address specifically for communicating with the Center that only I can access. I understand I should not let my computer or device store the password on the device.
6. I understand that I am required to use a unique password for my email account that the opposing party does not know and is not likely to be able to guess. I understand that I need to change my passwords on my accounts if it is possible that the opposing party knows them.
7. I understand that I will not use my work email address or personal email address on a workplace computer or device when communicating with the Center. I understand that my employer can inspect all of my emails and my information is not private when sent through my employer's email account.
8. I understand that I will only use my safe email address to communicate with the Center AFTER a Center staff member or volunteer authorizes me to send or respond to an email.
9. I understand that the Center's staff will only check email during regular business hours and will respond to emails within a reasonable period of time.
10. I understand that I will not use email in the case of an emergency. This means that if I am being threatened or hurt by someone, I will call 911.
11. I understand that I must promptly notify the Center if I change my safe email address.

NAME:

SAFE EMAIL ADDRESS:

SIGNATURE:

DATE: