



ALLEGHENY COUNTY BAR FOUNDATION

Disaster Victim Legal Assessment

Please complete the following legal assessment:

FAMILY Contact Information:

NAME _____

Family Members:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Temporary Address _____

Contact Information _____

DHS CASE Manager _____ Phone _____

Legal Assessment:

Do you have any pending legal issues? _____

Do you own property that was damaged? _____

Insurance Issues: _____

Family Law Issues (Support, custody, PFA)? _____

Would you like to meet with an attorney to discuss any legal matter? _____

If yes, briefly describe legal problem _____

Signature _____ Date _____