

Lady Liberty League Help Request Application

Note: **Please PRINT clearly and concisely.** This will allow our volunteers to respond more quickly to your request.

Date of Request: _____ **Urgency of Request:** _____ (Provide deadlines, dates, etc.)

Nature of Request: _____ (For example: advice and counsel; representation; networking, court action, etc.)

Full legal name(s) of person(s) seeking help

Postal Address

Zip Code

Email Address

Daytime Phone

Evening/Cell Phone

Best days and times to call

OK to call collect regarding inquiry? Yes/No

Fax Number (if applicable)

Personal spiritual name, nickname, or other name(s) (if applicable)

Name & contact info of any associated group, festival, etc. (if applicable)

URL of associated personal and/or group websites (if applicable):

Name

Address

Phone

Fax

Email

Relationship

Organizational Website URL

Name and contact information of your attorney(s) and/or other advocates, if any:

Name

Address

Email

Phone

Fax

Name(s) and contact information of anyone else involved in or assisting you in this situation:

Name

Address

Email

Phone Number(s)

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SITUATION DETAILS: Describe in detail what has happened. Include dates (in chronological order), names of individuals involved, locations, actions, etc. Use additional space, if necessary.

BASIS FOR CONTACT: Explain, in detail, why you think that you are being discriminated against and/or harassed on the basis of your religion. Provide copies of any documents that support your position.

RELIEF/ASSISTANCE REQUESTED: Specifically what kind of contacts or assistance you seek from LLL?

How did you come to contact LLL? How did you hear about us?

What other individuals and/or organizations have you asked to help you and what has been the response thus far?

Please provide a brief description of your religious/spiritual tradition or path:

Name of tradition	Years practicing	Group affiliation (if any)
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Name of an Elder, Teacher, or Author whose path is same or similar:

Name, phone number and/or email of mentor or co-practitioner who can be contacted for more information about you and your practices

Description of your beliefs and practices:

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NETWORKING HELP OPTIONS: Upon receiving your completed request, and after considering it, we will determine if we are able to help you. We may network on your behalf using one or more of the methods described below. Please check any methods that you are willing for us to use. If you do not want us to use one or more of these methods of networking on your behalf, please write "Don't Do This" after its description below and provide an explanation.

___ Give your contact info for one or more LLL specialists and/or other volunteers who may be able to help you.

___ Consult with specialist(s) on LLL task force(s).

___ Email LLL's activists networking list with news of your case and the forms of help you seek.

___ Post details about case and the help you on the LLL main page on the internet www.circlesanctuary.org/liberty.

___ Call out for assistance via LLL's Facebook account or Twitter feed.

___ Ask other groups that network with LLL to post info on their websites and/or electronic mailings lists.

___ Publish your case/situation information in the LLL report; in print; and on-line www.circlesanctuary.org/liberty.

In signing this document, I am indicating that the information that I provided is true and complete as I know it.

Signature: _____

Date: _____

Our Contact Information:

Circle Sanctuary, P.O.Box 9, Barneveld, WI 53507 • Phone (608) 924-2216 Fax: (608) 924-5961
liberty@circlesanctuary.org

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