



## Transgender Gender-variant Intersex Justice Project

### Request For Legal Assistance Form

By filling out this form, I am requesting that I be connected with an attorney for assistance, if there is one available. I understand that there may not be an attorney available to assist me with my legal issue. I consent to share the following information with an attorney outside of TGIJP who may represent me.

1. Name: \_\_\_\_\_  
*(The name you use and would like us to call you)*
  
2. Legal Name: \_\_\_\_\_  
*(The name that CDCr/the jail uses and that we should put on mail we send you)*
  
3. Pronouns: \_\_\_\_\_  
*(The pronouns that you would like us to use when referring to you)*
  
4. CDCr/jail Number: \_\_\_\_\_
  
5. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Gender now: \_\_\_\_\_  
*(The gender, genders, or lack of gender you most identify with)*
  
8. I identify as (Check all that apply OR "none of these"):  
 Transgender  
 Gender variant or gender nonconforming  
 Gender nonbinary  
 Intersex  
 None of these
  
9. Race/Ethnicity *(optional)*: \_\_\_\_\_
  
10. Other identities *(optional)*: \_\_\_\_\_

