**INTAKE FORM**

This form must be completed if you have any questions email them to Intake@NationalLibertyAlliance.org. Always include your phone number in case the intake person wants to call you. Please take note we do not need to know anything more then what we ask for, we are not being rude when you tell your story and we tell you we only need what we are asking for. Your affidavit tells the story, keep it short 1-3 pages max. When completed e-mail this doc and affidavit to Intake@NationalLibertyAlliance.org

**NOTE: Most information below can be found on the case docket, see the court clerk for a copy.**

Did you become a Member of NLA yes or no \_ Are you attending our Monday night meetings yes or no \_

 Did you enroll in NLA’s civics course yes or no \_ Did you enroll in NLA’s Constitution course yes or no \_.

**You must become an active member to receive a habeas corpus**

A next friend is a friend or relative who can write an affidavit and sign the petition on behalf of the person in jail

|  |  |
| --- | --- |
| **Petitioner** | **Next Friend** |
| * Name \_
 | * Name
 |
| * Address \_
 | * Address \_
 |
| * City \_
 | * City \_
 |
| * State \_ Zip \_
 | * State \_ Zip \_
 |
| * Phone \_
 | * Phone \_
 |
| * E-mail \_*used to become a member*
 | * E-mail \_*used to become a member*
 |

**Court of Origin** Was there an indictment yes or no \_ Was there a trial by Jury yes or no \_

* Name of Court \_ Case/Index number \_
* Court Address \_ City \_ State \_ Zip \_

|  |  |
| --- | --- |
| **State Attorney General or US Attorney** | **Arresting Officer or CPS/APS Worker**  |
| * Name \_
 | * Name \_
 |
| * Address \_
 | * Address \_
 |
| * City \_
 | * City \_
 |
| * State \_ Zip \_
 | * State \_ Zip \_
 |

|  |  |
| --- | --- |
| **Prison or CPS or APS** | **County Sheriff or US Marshal if fed case** |
| * Name \_
 | * Name \_
 |
| * Address \_
 | * Address \_
 |
| * City \_
 | * City \_ County \_
 |
| * State \_ Zip \_
 | * State \_ Zip \_
 |

**List all attorneys or others in the case**

|  |  |
| --- | --- |
| * Name \_ Title \_
 | * Name \_ Title \_
 |
| * Address \_
 | * Address \_
 |
| * City \_
 | * City \_
 |
| * State \_ Zip \_
 | * State \_ Zip \_
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|  |  |
| --- | --- |
| * Name \_ Title \_
 | * Name \_ Title \_
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