

Client #: _____ Interpreter Needed _____ Today's Date: _____



Legal Fair/Clinic Intake Form

Please answer the following questions to the best of your ability. You do not have to answer questions that are optional if you choose not to. The information you provide is kept strictly confidential as we only collect this information to help us keep track of what services we have provided. You will not be turned away if for any reason you do not want to answer any questions on this form.

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Residence Type (ex: apt, rented home, condo, shelter, motel): _____ Phone: _____

Email: _____ Male Female Prefer not to answer

Best way to contact you: Phone call Text message Email

Do you need an interpreter? Yes No What language? _____

What type of problem can we help you with today? Check the box you think best describes your situation:
Family Law Issues ONLY!

- Divorce
- Domestic Violence
- Adoption
- Child Support
- Paternity
- Custody
- Guardianship (Minor)
- Visitation
- Family Law Mediation

For all types of legal issue, briefly describe your legal issue problem _____

Who else is involved in your legal issue or problem? (examples may include a person, business, organization, etc.)

Name and Date of Birth (if available)	Relationship to You

Do any of the people involved with your legal issue have a lawyer? No Yes

If Yes, what is the lawyer's name? _____

Do you have a date for a hearing or trial? No Yes If Yes, Date and Time: _____

Please explain what type of hearing: _____

Is there another deadline related to your legal issue or problem you are aware of? No Yes

If Yes, Date and Time: _____

Please Explain: _____

Assistance Statement

By signing here, I give permission for the information provided on this form to be shared with a volunteer attorney who will be advising me today. I agree and understand neither the volunteer attorney who will speak with me today nor the Volunteer Attorney Program are agreeing to be my legal representative. I understand the attorney will only provide me with brief legal information or advice and may assist me with reviewing or drafting documents during this clinic or legal fair only. If the attorney assists me in drafting any documents, I understand the attorney does not assume responsibility for taking later actions or preparing any subsequent documents that may be necessary for my case. I understand the court and/or judge who hears my case is not bound by anything said to me today. I understand I am in charge of handling my own case and I will make my own decisions about how I handle my case. I understand the benefits and risks of such an arrangement and give my complete and informed consent to this limited assistance. Thank You.

Signature: _____ Date: _____

Declaración sobre Auxilio Legal:

Al firmar aquí, doy mi permiso para que la información cual proporciono en este documento sea compartido con el abogado voluntario que está ayudándome hoy. Estoy de acuerdo y comprendo que ni el abogado voluntario quien me va proporcionar una consulta hoy mismo ni el Programa de los Voluntarios Abogados me está dando entender que son mi representante. Comprendo que el abogado voluntario solo me va proporcionar con información breve o una consulta o me va ayudar a girar documentos durante este evento. Si el abogado voluntario me ayuda girar documentos, comprendo que con este acto el abogado voluntario no me está asumiendo responsabilidad para pasos siguientes ni para documentos posteriormente cuales sean necesarios para mi defensa. Comprendo que ni la corte ni el juez quien escucha a mi caso está obligado de ninguna manera por lo que se me diga hoy sobre esta consulta. Comprendo que yo solo estoy a cargo de manejar mi propio caso y que yo haré mis propias decisiones sobre a cómo manejar mi caso. Comprendo los beneficios y riesgos de aceptar este arreglo y declaro mi conformidad con este auxilio limitado. Gracias.

Firma: _____ Fecha: _____

Client Demographics

*For statistical use only! Your privacy is important to us.

Military Service? No Active Duty Reserves Veteran

Marital Status: Never Married Married Divorced Separated Widowed

Race/ Ethnicity: Hispanic/ Latino White/ Caucasian Black/ African American Asian

Pacific Islander/ Native Hawaiian Native American/ Alaska Native Other Prefer not to answer

Do you have disabilities?: Yes No

What is your financial situation?

Monthly Income (Before Taxes)

Number of Minor Children in Household	
Number of Adults in Household	
Monthly Income from all Sources (including wages, retirement, social security, pension, etc.)	\$
Type of income (ex: employment, SSI, SSDI, retirement, pension, child support, etc.)	
Other Household Members' Income	\$
Type of income of Household Member (ex: employment, SSI, SSDI, retirement, etc.)	
Total Household Income	\$

Assets

Personal Property	\$
Real Property (not the home you live in)	\$
Checking	\$
Savings	\$
Car(s), RVs, Motorcycles (do not count cars used for regular transportation)	\$
Other	\$
Total Assets	\$

Monthly Debts You Pay (ex: rent, mortgage, credit cards)	Total Amount Owed	Frequency of payment (ex: monthly, annual)	Payment Amount

- Benefits (TANF or State Cash Assistance Only)
- Legal assistance to obtain/maintain benefits for person(s) with disabilities
- Seasonal variations in income
- Unreimbursed Medical or Nursing Home Expenses
- Fixed Debts
- Expenses necessary for employment, job training, or educational activities in preparation for employment
- Nonmedical expenses associated with age or disability
- Current taxes
- Other

Citizenship

Prefer not to answer. **(You do not need to sign or print your name to receive assistance. You will still receive assistance if you do not feel comfortable answering this question.)**

I am a citizen of the United States: OR I am a Lawful Permanent Resident of the United States:

Name (PRINT PLEASE)

Signature

Date