



CHRISTIAN
— LEGAL AID
OF THE DISTRICT OF COLUMBIA

CLIENT INTAKE FORM

General Information

Name: _____

Date of Birth: _____ Phone No.: _____

Email: _____

Address: _____

Household size? _____ What is your annual household income (before taxes)? _____

How did you hear about us? _____

Is this your first visit to our office/clinic? _____

CLA Information (filled out by interviewer)

Intake Date: _____

Clinic Site: _____

Interviewer(s): _____

Legal Information

Type of Legal Matter: Housing Family Law Public Benefits
 Estate Planning ID Records Civil Suit Other

Description of legal problem: _____

Do you currently have a hearing/court proceeding? Yes No Unsure

If yes, when is it? _____ Where is it? _____

Do/did you have an attorney for this issue(s)? Yes No If yes, attorney's name: _____

Conflicts Check

Does your matter have an opposing party? Yes No If yes, party's name? _____

Notes (filled out by interviewer)
