

TWIN CITIES CHRISTIAN LEGAL AID
Intake Form

Date of Intake: _____

Location: _____

CONTACT INFORMATION:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Age: _____

County: _____ Ethnicity: _____

U.S. Citizen? Y / N Country of Origin: _____

ARE YOU:

Homeless? Y / N Disabled? Y / N

A Victim of Domestic Violence? Y / N

How did you hear about TCCLA? _____

INCOME:

Net Income: (after child support and taxes) _____

Sources of Income: _____

Are You Receiving Benefits? _____

Number of Dependents: _____

Marital Status: _____

CASE INFORMATION:

Do You Currently Have a Case Pending? Y / N

Opposing Party: _____

Opposing Attorney: _____

Have You Come to the Twin Cities Christian Legal Aid in the Past? Y / N

If Yes, Is This a New Legal Issue? Y / N

Summary of the Problem _____

I understand that the attorney and any other person from Twin Cities Christian Legal Aid that I am meeting with today are acting solely on their own behalf and not on behalf of any other person or organization. I understand that the attorney I am meeting with is giving me free legal advice and possible referral, but that the attorney-client relationship is limited only to the date and time of this meeting as recorded below. I understand that the attorney is not representing me on a continuing basis on any matter. I understand that I am free to obtain the services of an attorney on my own for any future legal actions.

I hereby release Metro Hope Ministries, First Covenant Church, Union Gospel Mission, Twin Cities Christian Legal Aid (TCCLA) and any related organization as well as their agents, representatives, employees and non-lawyer volunteers and assistants from any liability for any services received. I consent and authorize the Twin Cities Christian Legal Aid to view my file for the purpose of evaluating the advice or service rendered or for statistical, research or academic purposes.

Signature: _____

Date: _____

Witness: _____

Date: _____

