

Scranton Road Legal Clinic - Intake Form

All participants must complete an intake form to receive brief advice or to attend a workshop. Intake helps us to learn more about you and expedite the process of helping you to secure legal assistance. Please complete this form and review the attached disclaimers. Thank you!

Name: _____ Date: _____

Date of Birth: _____ Gender (please circle): M F

Address: _____

Phone: _____ E-mail: _____

Race/Ethnicity: _____

Best Way to Reach You: Phone E-mail Dates Available: M T W Th F

Household Size: (Adult) _____ (Minor) _____ Times Available: Daytime (9-4)
 Evening (4-6pm)
 Other _____

Monthly Household Income: _____

Source of Income (employment, SSI, etc.): _____

What type of legal case do you have? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Probate (Guardianship, Will, Power of Attorney) | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Bankruptcy/Credit Issues | <input type="checkbox"/> Public Benefits |
| <input type="checkbox"/> Housing/Landlord-Tenant | <input type="checkbox"/> Contract Dispute |
| <input type="checkbox"/> Expungement/CQE | <input type="checkbox"/> Other: _____ |

Are you currently being represented by an attorney? (please circle) Y / N

Is your case currently pending or has a case occurred? Y / N If Y, list scheduled court dates.

Do you currently see a case manager/social worker? Y / N

If yes, can we speak with them regarding your case? Y / N

Are you in immediate danger of abuse, eviction, arrest, etc.? Y / N

How did you find out about Scranton Road Legal Clinic?

Flyer/Newsletter Website/Facebook Word of Mouth Agency/Other: _____

Briefly describe your legal problem:

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PARTICIPANT ACKNOWLEDGEMENT

I understand that:

- Attorneys are available for brief advice and referral only. No attorney-client relationship or promise to perform legal services exist between myself and Scranton Road Legal Clinic. I understand that the attorney will *not* be representing me for my case.
- The purpose of this Brief Advice Session and/or Community Legal Education Workshop is to better understand my situation so I can make an informed legal decision. I may receive a referral to an outside attorney, nonprofit, or social services agency. I am under no obligation to contact any referrals given.
- I am free to seek legal assistance outside of Scranton Road Legal Clinic.
- I agree to provide the true, complete and accurate information needed for the evaluation of my case.
- By signing below, I hereby authorize that my information be released to volunteers and staff of the Scranton Road Legal Clinic and/or other outside professional(s) for the purpose of obtaining effective strategies or soliciting professional opinions that can be helpful to my case.

By signing below, I acknowledge that I have read and understand this Acknowledgement and by signing it agree to its terms.

Participant Signature

Attorney Signature

Date

Date

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ATTORNEY NOTES

Attorney Name: _____

Notes:

Follow-Up Required: Y / N

Referral Made: Y / N

Referral Organization/Attorney: _____

Please log notes and action items in Participant Spreadsheet.