

CLIENT INTAKE FORM

General Information	CLA Information (filled out by interviewer)	
Name:	Intake Date:	
Date of Birth: Phone No.:	Clinic Site:	
Email:	Interviewer(s):	
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?		
Legal Information		
Type of Legal Matter: ☐ Housing ☐ Family Law	☐ Public Benefits	
☐ Estate Planning ☐ ID Records ☐ Civil Suit	☐ Other	
Do you currently have a hearing/court proceeding? Where is it?	No 🗆 Unsure	
If yes, when is it? Where is it? Do/did you have an attorney for this issue(s)? \(\subseteq \text{ Yes} \subseteq \text{ No} \) If yes, attorney's name:		
Conflicts Check		
Does your matter have an opposing party? \square Yes \square No If yes, \square	party's name?	
Notes (filled out by interviewer)		

Descr	ription of Follow Up after Consultation (check all that apply)
	No follow up Advice on completed
Ш	No follow up. Advice or services completed.
	□ Was client referred? If so, where
	Phone call(s) to
	Letter(s) to
	☐ Client to mail letter(s). Instructions provided.
	☐ Attorney to mail letter(s) for client and send client a copy. Mailing deadline:
	Court papers or other forms/applications to be prepared (describe)
	☐ Client to file (where)
	☐ Attorney to file for client and provide client a copy. Filing deadline:
	Client will contact attorney with additional information by (date)
	Other (describe)
If the	lawyer will follow up after the clinic, write attorney contact information here. Otherwise, leave blank.
Attori	ney's Name
	e Number Email Address