

(Please do not mark here ↓. Thanks!)

| | | | | | | |
|---------------|-----------------------------------|------|-------|-----|-----|-----|
| Day and date: | <input type="checkbox"/> See back | Time | am pm | LRS | VLP | CSA |
|---------------|-----------------------------------|------|-------|-----|-----|-----|

VOLUNTEER LAWYERS' PROGRAM/FAMILY LAWYERS ASSISTANCE PROJECT

INTAKE/APPLICATION

Please fill out this form. Circle answers when needed. Thanks!

| | | | | | | |
|---|--|---|--|------------------|-----------------|--|
| Today's date: | | Your Name: | | | | |
| Address: | | City & ZIP: | | DOB & Age: | | |
| Home Phone: | | Wk/Msg Phone: | | SSN: | Race/Ethnicity: | |
| I declare I am a citizen or legal resident of the United States. Signature: _____ | | | | | | |
| What is the reason for legal advice? (Circle what applies in the next column. Write on back if needed.) | | Child Custody | Divorce | Enforce an Order | | |
| | | Child Support | Response to Divorce | | | |
| | | Visitation | Modification | Emerg. Petition | | |
| | | Non-Parent Custody | Order of Protection | | | |
| | | Paternity | Other issue | | | |
| NOTE: OPPOSING PARTY means the person you are having the conflict with; PETITIONER means the person who began any legal proceedings; RESPONDENT means the person who was served or who has to reply to the proceedings. | | | | | | |
| Name of OPPOSING PARTY & relationship to you: _____ | | | | | | |
| Does s/he have a lawyer? Yes No Don't Know | | | If yes, attorney's name? _____ | | | |
| Are you married to the OPPOSING PARTY? Yes No Never married Not applicable | | | Are you divorced from the OPPOSING PARTY? Yes No If yes, year & state granted: _____ | | | |
| If still married (NOT YET DIVORCED), are you the PETITIONER or RESPONDENT? _____ | | | | | | |
| If there are children involved or if you have children with the OPPOSING PARTY, how many? _____ | | | | | | |
| How old are they? _____ | | | | | | |
| If NEVER MARRIED, has paternity been established for the children? Yes No Don't know | | | | | | |
| If yes, year & state established for each child? _____ | | | | | | |
| Is or was there any domestic violence against you or the children? Yes No Don't know (emotional, physical or sexual abuse, etc.) Are there any police reports? Yes No Don't know | | | | | | |
| PLEASE ANSWER THESE QUESTIONS ABOUT YOUR HOUSEHOLD INCOME. Please include all persons earning a living for the household. How much do you gross before taxes or other pmts? \$ _____/week month year | | | | | | |
| Is this from Employment Unemployment Insurance Disability/Public Assistance Other income _____ | | | | | | |
| Are you now making payments for any of these? | | Please read and sign this disclaimer: | | | | |
| Back taxes \$ _____/month | | VLP AND LRS DISCLAIMER I understand that the attorney I speak with is available for brief service and advice only and is not my legal representative. If the Volunteer Lawyers Program determines that I qualify for additional services through their program and my case consists of the type of service they can provide, I may be entitled to additional services through the Volunteer Lawyers Program, but not necessarily by the attorney who has provided my initial meeting. If additional services are available, they will be provided at one of the Community Legal Services offices and not through this clinic program. | | | | |
| Medical care \$ _____/month | | | | | | |
| Employment expenses \$ _____/month | | | | | | |
| Spousal maintenance \$ _____/month | | | | | | |
| Child support \$ _____/month | | | | | | |
| Child care/babysitter \$ _____/month | | | | | | |
| TOTAL payments \$ _____/month | | | | | | |
| NET GROSS INCOME \$ _____/month | | | | | | |
| NUMBER of people in the household: _____ | | | | | | |
| Total number of children from all relationships: _____ | | | | | | |
| Signed: _____ | | Date: _____ | | | | |

