

# INTAKE FORM

IN- OFFICE CASE NO. \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

## FAMILY INFORMATION

Total number in household: \_\_\_\_\_ Total number of members under age 18: \_\_\_\_\_

Name of spouse or unmarried father/mother of children: \_\_\_\_\_

## MONTHLY HOUSEHOLD INCOME

### Earned:

ALL wage earners in the family from worksheet before deductions: \$ \_\_\_\_\_

### Unearned:

Social Security \$ \_\_\_\_\_

SSI/SSDI \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

## CLIENT AGE/GENDER/ETHNICITY

Ethnicity/ Age	0 – 17	18 – 30	31 – 59	60+
<b>African-American</b>				
<b>Asian/Pacific Islander</b>				
<b>Caucasian</b>				
<b>Hispanic</b>				
<b>Mixed</b>				
<b>Native American</b>				
<b>Other</b>				

Male  Female

## CASE TYPE

<b>Adoption</b>		<b>Finance/Credit/Bankruptcy</b>	
<b>Benefits/SS/UC/WC</b>		Foreclosure	
<b>Divorce</b>		Guardianship	
<b>Domestic Violence</b>		Housing	
<b>Custody/Support</b>		Landlord/Tenant	
<b>Employment</b>		Powers of Attorney	
<b>Estate Planning</b>		Wills	

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Other matters involved: \_\_\_\_\_

Other agencies involved: \_\_\_\_\_

How did you hear about Legal Aid Society? \_\_\_\_\_

## **Applicant must READ and SIGN**

I certify that the financial, residential and other information I provided on this application is true and correct. If my financial circumstances change in the next six months I must reapply to learn if I still qualify. I understand that the Legal Aid Society of Door County, Inc. (LAS), is a non-profit organization, the sole purpose of which is to refer indigent citizens of Door County to participating volunteer attorneys who have agreed to provide pro bono legal services.

I acknowledge that LAS does not provide direct legal services or give legal advice. I further acknowledge and understand that LAS is **not responsible** for the services provided by participating volunteer attorneys, or for the results of their services. Finally, I understand that even though I may qualify for a volunteer attorney, **LAS does not guarantee** that I will receive an attorney to assist me, and that **LAS has NO legal obligation to do so.**

Dated at Sturgeon Bay, Wisconsin this \_\_\_\_ of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

Intake by: \_\_\_\_\_ Case Closed On: \_\_\_\_\_

Ineligible case due to financial reasons

Ineligible due to case ineligibility

Handled by contract attorney

Referred to a volunteer attorney  Name \_\_\_\_\_ Date \_\_\_\_\_

Closed due to inactivity of participant

Closed because no volunteer attorney was found

Client referred to following resources: \_\_\_\_\_

\_\_\_\_\_

## **FOR OFFICE USE ONLY**