



Intake / Screening Form

Intake Date: _____

Clinic Date/Time: _____

Screeener Name: _____

Client Information

Name: _____

Age: _____ Gender: Male Female Email: _____

Street Address: _____ City _____

State _____ Zip _____ Telephone: _____ Alternate Telephone: _____

How did you hear about our organization? _____

Income Eligibility

We are a legal aid organization that serves low income families and individuals in greater Washington, DC. If your income exceeds our income guidelines, you might not qualify for our services. Because we have more requests for help than we can meet, we must prioritize our services for those in the most need.

Are you employed? Yes No If yes, what is your line of work? _____

Annual Income: \$ _____ Approximate value of your assets (i.e. home, car) \$ _____

Please list all benefits you receive (social security, SSI, general welfare, WIC, alimony, child support, Medicare, , worker's comp, etc.) _____

How much of your family's income comes from a small business? None Some Most All

Conflicts Check

We perform a conflicts check before your appointment to make sure we have not previously met with your spouse, ex-spouse or an opposing party about your legal issue. We do this to protect your confidentiality.

If your matter is a conflict with a person or organization, name the opposing party: _____

Are you married? Yes No Name of spouse (or ex-spouse): _____

Do you have children? Yes No

Do your children live with you? _____

How many other family members live with you? _____

Do you support them financially? _____

Names and ages of your children:

Name	Age	Name	Age
Name	Age	Name	Age

About your legal issue

Do you have a pending or upcoming:

- Court proceeding administrative proceeding hearing filing deadline

If yes, when? _____ Where? _____ What is it for? _____

Are you currently represented by an attorney for this matter? Yes No

Do you have any documents relating to your legal issue? Yes No

*If yes and your appointment is in VIRGINIA, fax them to Andrea at (703) 536-6757 or bring them with you.
If yes and your appointment is in MARYLAND, fax them to Meghan at (301) 948-8745 or bring them with you.*

- Please categorize your legal issue? Child custody/support Divorce/spousal support Tax
 Domestic Violence Landlord/Tenant Immigration Bankruptcy/Foreclosure Other

Please provide a brief description of your legal issue:

Church

Do you attend a church? Yes No

If yes, name of church and your pastor/priest: _____

**** For members of Covenant Life Church in Gaithersburg only ****

Are you a member of CLC? Yes No

If yes, name of pastor: _____

Client Background and Language

We ask the following questions so that we can best communicate with you during your appointment.

How would you describe your ethnicity? _____ What is your country of origin? _____

Will you need an interpreter? Yes No If yes, which language? _____

We ask each client to provide his or her own interpreter if one is needed. If you intend to bring an interpreter, please complete the following information:

Interpreter's Name: _____ Interpreter's telephone number: _____

How do you know the interpreter? (i.e. family, friend, neighbor.) _____

END OF FORM