

NEIGHBORHOOD LEGAL CLINIC – CLIENT INTAKE FORM

Clinic: _____

Date Seen: _____

Client: Please complete ONLY the front page of this form.

Name: _____

Home/Cell Phone: _____

Street Address: _____

Work Phone: _____

City/State/Zip: _____

Email: _____

Please read the statement below and initial your understanding.

- I understand the Neighborhood Legal Clinics (NLC) program provides *advice and consultation only*, meaning the attorney I meet with *will not represent me in court or provide further services*.
- I understand that NLC attorneys are volunteers and are not available for hire to represent me.
- I understand the NLC attorney may not specialize in the area of law that I need help with, but will make every attempt to answer my questions accurately.
- I understand that information disclosed to NLC attorneys and staff is protected by the attorney-client privilege, but that protection may be limited if I bring other people into the session.
- I understand that I cannot return to the NLC for the same issue if that issue does not have legal merit.
- I understand that the NLC is drug, alcohol, weapon, violence, aggressive behavior and threat free.

Initials: _____

Why do you want to see an attorney today?

Permissions

- ☐ I give NLC permission to disclose my information for the purpose of referring me for other services.
- ☐ I do not give permission to disclose my information for any purpose.

Initials: _____

Past Clinic Visits

Have you visited a Neighborhood Legal Clinic before? ☐ Yes ☐ No If yes, how many times? _____

Have you visited a Neighborhood Legal Clinic before **about this same problem**? ☐ Yes ☐ No If yes, how many times? _____

What happened at your last visit? _____

What has changed since your last visit? _____

Statistical Information About You

The information that you provide is used for *statistical reports* to gain funding for the Neighborhood Legal Clinic Program. Answers to these questions will not affect the services you receive through the Neighborhood Legal Clinics.

1) Sex: ☐ Male ☐ Female

4) Racial/Ethnic Group

- ☐ Asian
☐ American
☐ Indian/Alaskan Native
☐ Black (Not Hispanic)
☐ Hispanic/Latino
☐ Middle Eastern
☐ Native
☐ Hawaiian/Pacific
Islander
☐ White (Not Hispanic)
☐ Other

5) Number in household: _____ (Include yourself and # of family members living with you)

6) Monthly Gross Income: \$ _____ (Combine all monthly income for household including public assistance - before taxes)

2) Date of Birth: _____/_____/_____

3) Citizenship Status (Optional):

- ☐ US Citizen
☐ Non-Citizen
Status: _____
☐ I decline to answer

ADMIN USE ONLY: Clinic Assistants, please circle client's FPL%

Household #	Monthly Gross Income			
1 →	\$0 - 487	\$488 - 1216	\$1217 - 1945	\$1946 - 3890
2 →	\$0 - 656	\$657 - 1639	\$1640 - 2622	\$2623 - 5244
3 →	\$0 - 825	\$826 - 2061	\$2062 - 3298	\$3299 - 6596
4 →	\$0 - 994	\$995 - 2484	\$2485 - 3975	\$3976 - 7950
5 →	\$0 - 1163	\$1164 - 2907	\$2908 - 4652	\$4653 - 9304
6 →	\$0 - 1332	\$1333 - 3330	\$3331 - 5328	\$5329 - 10656
FPL	0-50%	51-125%	126-200%	201-400%

☐ Client's income is more than the highest amount listed on this chart

NEIGHBORHOOD LEGAL CLINIC – ATTORNEY SUMMARY

Reason for Client's Visit (check ONE only):

Consumer / Finance

- ☐ Bankruptcy/Debtor Relief (1)
- ☐ Collections/Repo/Garnishment (2)
- ☐ Contracts/Warranties (3)
- ☐ Collection Practices/Creditor Harass. (4)
- ☐ Predatory Lending Practices (5)
- ☐ Loans/ Installment Purchases (6)
- ☐ Public Utilities (7)
- ☐ Unfair Sales Practices (8)
- ☐ Other Consumer / Finance (9)

Education

- ☐ Education (11)
- ☐ Discipline (12)
- ☐ Special Education/Learning Dis. (13)
- ☐ Access (14)
- ☐ Vocational Education (15)
- ☐ Student Financial Aid (16)
- ☐ Other Education (19)

Employment

- ☐ Employment Discrimination (21)
- ☐ Wage Claims and Other FLSA (22)
- ☐ Earned Income Tax Credit (23)
- ☐ Taxes (24)
- ☐ Employee Rights (25)
- ☐ Agricultural Workers Issues (26)
- ☐ Other Employment (29)

Family

- ☐ Adoption (30)
 - ☐ Child Custody/ Visitation (31)
 - ☐ Divorce / Separation (32)
 - ☐ Adult Guardianship (33)
- (for Minor Guardianship, see 44)

- ☐ Name Change (34)
- ☐ Paternal Rights Termination (35)
- ☐ Paternity (36)
- ☐ Domestic Abuse (37)
- ☐ Child Support (38)
- ☐ Other Family Law (39)

Juvenile

- ☐ Juvenile Delinquent (41)
- ☐ Dependency (Abuse/Neglect) (42)
- ☐ Emancipation (43)
- ☐ Guardianship/ 3rd party custody (44)
- ☐ Other Juvenile (49)

Health

- ☐ Medicaid (51)
- ☐ Medicare (52)
- ☐ Govt. Child Health Ins. Programs (53)
- ☐ Home and Community Based Care (54)
- ☐ Private Health Insurance (55)
- ☐ Long Term Health Care Facilities (56)
- ☐ State and Local Health (57)
- ☐ Other Health (59)

Housing

- ☐ Federally Subsidized Housing (61)
- ☐ Real Property/Home Ownership (62)
- ☐ Private Landlord/Tenant (63)
- ☐ Public Housing (64)
- ☐ Mobile Homes (65)
- ☐ Housing Discrimination (66)
- ☐ Mortgage Foreclosures (67)
- ☐ Mortgage Predatory Lending (68)
- ☐ Other Housing (69)

Income Maintenance

- ☐ TANF / Welfare (71)
- ☐ Social Security (72)
- ☐ Food Stamps (73)
- ☐ SSID (74)
- ☐ SSI (75)
- ☐ Unemployment Compensation (76)
- ☐ Veterans Benefits (77)
- ☐ State and Local Income Maintenance (78)
- ☐ Other Income Maintenance (79)

Individual Rights

- ☐ Immigration / Naturalization (81)
- ☐ Mental Health (82)
- ☐ Prisoners' Rights (83)
- ☐ Disability Rights (84)
- ☐ Civil Rights (85)
- ☐ Human Trafficking (86)
- ☐ Other Individual Rights (89)

Miscellaneous

- ☐ Assistance to Non-Profit or Group (91)
- ☐ Indian Law (92)
- ☐ Traffic / Drivers License (93)
- ☐ Torts (94)
- ☐ Estate Planning / Wills / Probate (95)
- ☐ Advanced Directives/
Power of Attorneys (96)
- ☐ Vacating Record (97)
- ☐ Criminal (98)
- ☐ Other (99)
- ☐ Municipal Legal Needs (100)

Future Work with this Client:

Do you plan to follow up outside the clinic *pro bono*? ☐ Yes ☐ No If **yes**, describe services below:

(If you intend to follow up with this client outside of the clinic, please contact the NLC Program Manager)

Your Summary:

- ☐ This client requires no further services and should not return to the clinic for this legal issue
- ☐ Client may return to the clinic after completing the To-Do list
- ☐ I filled out separate KCBA VLS Referral Form for Pro Bono: ☐ Bankruptcy ☐ Estate Planning ☐ SS Overpayments ☐ Vacating Records ☐ Debt
- ☐ Client was referred to Lawyer Referral Service (if over 200% income and needs ongoing representation or has a contingency fee case)
- ☐ This client should not return to the NLC for any reason (if checked, please describe in detail below)

Please summarize the client's legal issue and advice given:

Please attach a copy of the to-do list and any notes taken during the client meeting.

Your Printed Name: _____