

NEIGHBORHOOD LEGAL CLINICS FAMILY LAW CLIENT INTAKE FORM

Clinic: _____
 Name: _____
 Street Address: _____
 City/State/Zip: _____

Date Seen: _____
 Phone: _____
 Is it safe to leave a message? Yes No
 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 that information disclosed to NLC attorneys and staff is protected by the attorney-client privilege.
- I understand that I cannot return to the NLC for the same issue if that issue does not have a legal solution.
- I understand that the NLC is drug, alcohol, weapon, violence, aggressive behavior and threat free.

Initials: _____

What is your question for the attorney?

Permissions

- I give permission for NLC to disclose my information to the KCBA Pro Bono Services for screening and possible referral to a pro bono attorney. I understand that by initialing, staff from KCBA might contact me to screen my case.
- 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, about how many times? _____

Have you visited a Neighborhood Legal Clinic before **about this same problem**? Yes No If yes, about 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
- 2) Date of Birth:**
 ____/____/____
- 3) Citizenship Status (Optional):**
 US Citizen
 Non-Citizen
 Status: _____
 I decline to answer
- 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 family members living with you)
- 6) Monthly Gross Income:** \$_____ (Combine all monthly income for household including public assistance - before taxes)

*Household Size	** Household Monthly Income (before taxes)			
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

My income is more than the highest amount listed on this chart

Admin use only: 0 - 50% 51 - 125% 126 - 200% 201 - 400%

Information About Your Case

PLEASE FILL OUT THIS SECTION AS COMPLETELY AS POSSIBLE!

What type of family law case are you involved in? Check as many boxes as apply:

- Divorce (Dissolution)
- Custody (Parenting Plans, Visitation, Relocation, Non-Parental Custody)
- Support (Child Support, Spousal Maintenance/Alimony)
- Domestic Violence (Protection Orders, Stalking)
- Paternity (Parentage)
- Dependency (CPS/State Taking Custody of Child)
- Intimate Domestic Relations (Meretricious Relationships or Common Law Marriage)
- Legal Separation
- Other: _____

Opposing Party's Name: _____ Date of Birth: _____

List names & ages of minor children in common: _____

Location and date of marriage (if applicable): _____ Date of Separation: _____

What do you think is the next step you need to take? _____

What do you want the outcome of your case to be (Do you want full custody? Property rights? Child support?):

Are you working on any court forms? If YES, please list:

Due Date: Title of Form:

Is there an open case? Yes No If yes, did you file the case (are you the *petitioner*)? Yes No

If there is NO open case, you are now done filling out this form. If you do have an open case, please continue.

County in which your case is filed: _____ If King County, Seattle or Kent Case Number: _____

What date was the first document in the case filed with the court? _____ Was a response filed? _____

Does the opposing party have a lawyer? Yes No

What do you and the opposing party DISAGREE about? Check all that apply:

- Custody/Visitation
- Dividing assets (house, car, savings/checking accounts)
- Dividing debts
- Amount of child/spousal support to be paid

Do you have any hearings or court appearances in the next three months?

To find hearing dates, check the current/original case schedule sent to you by the Court.

Date: Subject of Hearing:

NEIGHBORHOOD LEGAL CLINIC – ATTORNEY SUMMARY

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

- Child Custody/ Visitation (31)
- Divorce / Separation (32)
- Parental Rights Termination (35)
- Paternity (36)
- Domestic Abuse (37)
- Child Support (38)
- Other Family Law (39)

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 a separate “KCBA Family Law Referral Form” and gave it to the clinic assistant so that this client can be referred to the Family Law Mentor Program, the Self-Help Plus Program, or the Kinship Care Program.
- I filled out a separate “KCBA Volunteer Legal Services Referral Form” and gave it to the clinic assistant so that this client can be referred to a pro-bono attorney for debt defense, Chapter 7 bankruptcy, SSDI/SSI overpayments, vacating a criminal record, or simple estate planning.
- 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: _____