

Today's Date: \_\_\_\_\_

**Client  
Questionnaire**

**WELCOME TO ADMINISTER JUSTICE!** We are glad you have connected with us. Administer Justice is a legal aid organization providing free legal services and other services to low-income individuals. Our name comes from a verse in the Bible: "This is what the Lord Almighty says: Administer true justice; show mercy and compassion to one another." As a Christian organization, we may offer to pray for you during your appointment. Prayer is completely optional and voluntary. We consider it a privilege to serve you! The first step to determine how we can best assist you is for you to fill out the following Client Questionnaire. Please do not hesitate to ask us any questions or let us know how we can further assist you. All information you provide is strictly confidential. Thank you!

**Your Name:**

**About You:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Age: \_\_\_\_\_

**Do Not Call**     **Send no mail**

Gender: M / F

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

Ethnicity: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Language: \_\_\_\_\_  
(for correspondence)

County: \_\_\_\_\_ Township: \_\_\_\_\_

Email: \_\_\_\_\_

# of Dependants: \_\_\_\_\_

Spouse Name (or significant other): \_\_\_\_\_

Spouse/Others address (if different than yours): \_\_\_\_\_

**Please Answer:**

Household Income: This year \$ \_\_\_\_\_ Last year \$ \_\_\_\_\_

\*Have you filed all your tax returns? \_\_\_\_ yes \_\_\_\_ no

**How did you hear about us?** \_\_\_\_\_

\*Does the IRS say you owe past taxes? \_\_\_\_ yes \_\_\_\_ no

**Other than legal assistance are you in need of:**

Shelter     Food     Other: \_\_\_\_\_

\*Do you have a tax lien or levy

**Name of Person Troubling You (Adversary in Dispute):**

First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dependents (kids) Names	Ages	Monthly Child Support (if receiving)	Custody Rules (who has legal custody of child)

**Comments (Tell us more about yourself-past court cases, special circumstances, etc.)**

**Case Summary (please explain your case to us):**

1) Briefly describe your problem:

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2) What have you done to try to resolve the problem?

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3) What do you want from the other party?

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4) What issues and questions do you want resolved and answered during your appointment?

## Has Legal Action Been Filed Against You?

Yes     No     Soon

By When and Whom: \_\_\_\_\_

Type of Action Filed: \_\_\_\_\_

Which County has Legal Jurisdiction? \_\_\_\_\_

## Names of Attorneys / Professionals YOU Have Talked to About Your Case

Attorney or professional: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Names of Attorneys or Professionals for OTHER PARTY in Dispute:

Attorney or professional: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This application must be completed by anyone asking for a free attorney or seeking help from a financial counselor or conflict coach. For legal representation, it is required by Supreme Court Rule 298. Completion of this application is not a guarantee that an attorney will be provided. Thank you.

I \_\_\_\_\_ (your name) on my own behalf, or  
as \_\_\_\_\_ Parent or \_\_\_\_\_ Guardian on behalf of \_\_\_\_\_,  
a \_\_\_\_\_ Minor or \_\_\_\_\_ Incompetent, on oath state as follows:

1. I am receiving assistance under one or more of the following public benefits programs:

	<u>Monthly Amt.</u>
_____ Supplemental Security Income (SSI)	(\$       )
_____ Aid to the Aged, Blind and Disabled (AABD)	(\$       )
_____ Food Stamps	(\$       )
_____ General Assistance	(\$       )
_____ State Transitional Assistance	(\$       )
_____ State Children and Family Assistance	(\$       )
_____ Temporary Assistance For Needy Families (TANF)	(\$       )

2. Please estimate the value of the following owned by you:

Personal Property (Jewelry, furniture, furnishings) \_\_\_\_\_

Real Estate (House) \_\_\_\_\_

Car or other vehicle \_\_\_\_\_

Other (bank acct., stocks) \_\_\_\_\_

3. Please check if the following applies to you:

\_\_\_\_ The payment of attorney fees, court fees or other costs associated with my legal situation would create a financial hardship for me and/or my family.

4. My employment status is \_\_\_\_\_

If employed, name of employer: \_\_\_\_\_

The employment status of my spouse is \_\_\_\_\_

5. My current monthly income is \$ \_\_\_\_\_

The current monthly income of my spouse is \$ \_\_\_\_\_

6. I am currently paying child support    \_\_\_\_ Yes    \_\_\_\_ No    Amount /Month \$ \_\_\_\_\_

7. I am currently receiving child support    \_\_\_\_ Yes    \_\_\_\_ No    Amount/Month \$ \_\_\_\_\_

8. Basic Household **Monthly** Expenses:

1. Rent or Mortgage \_\_\_\_\_

11. Car Insurance \_\_\_\_\_

2. House/Renters Ins. \_\_\_\_\_

12. Child Care \_\_\_\_\_

3. Real Estate Taxes \_\_\_\_\_

13. Education (specify) \_\_\_\_\_

4. Gas (house) \_\_\_\_\_

14. Food \_\_\_\_\_

5. Electric \_\_\_\_\_

15. Medical/Dental \_\_\_\_\_

6. Water/Garbage \_\_\_\_\_

16. Clothing \_\_\_\_\_

7. Phone & Cable \_\_\_\_\_

17. Other Ins. (specify) \_\_\_\_\_

8. Car: Plates/  
Sticker/Repair \_\_\_\_\_

18. Recreation and  
Travel \_\_\_\_\_

9. Gas (car) \_\_\_\_\_

19. Cosmetic, Drugs,  
Beauty Care \_\_\_\_\_

10. Car Payment \_\_\_\_\_

20. Other monthly creditor payments (specify creditor, balance & monthly payments):  
\_\_\_\_\_

21. Miscellaneous (specify): \_\_\_\_\_  
\_\_\_\_\_

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

By signing below, I, in good faith, attest that I have a meritorious (valid) claim or defense and that I have provided the above information to the best of my ability/knowledge.:

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Your Faith / Religion:

None  Christian  Jewish  Muslim  Other

Describe: \_\_\_\_\_

## Religious Questionnaire OPTIONAL

### Do You Believe in God?

Yes  No  Uncertain

What is Your God's Name or Title? \_\_\_\_\_

### Do You Believe You Will Live with God in Heaven When You Die?

Yes  No  Not Likely  Uncertain

Why? \_\_\_\_\_

### Do You Pray?

Daily  Weekly  Rarely  Never

Urgent Prayer Request: \_\_\_\_\_

### Recent Changes in Your Spiritual Life?

None  More Spiritual  Less Spiritual

Uncertain

Describe: \_\_\_\_\_

### Do You Attend a Church or Religious Service?

Weekly  Occasionally  Never  Member

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

### Who Has Most Influenced Your Spiritual Life (Name and relationships)?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## If you have brought your own interpreter, please complete the following:

Interpreter's Name: \_\_\_\_\_

Interpreter's Relationship to You: \_\_\_\_\_

**INTERPRETERS MUST BE 21 YEARS OF AGE OR OLDER & PREFERABLY NOT A FAMILY MEMBER.**

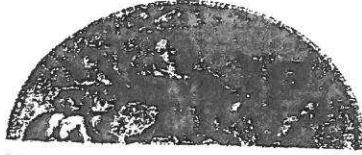
Please review and indicate your understanding of the following by signing below:

***IF FOR ANY REASON YOU ARE NOT COMFORTABLE USING THE PERSON YOU BROUGHT WITH YOU AS YOUR INTERPRETER, PLEASE IMMEDIATELY ASK THE RECEPTIONIST TO RESCHEDULE YOUR APPOINTMENT WITH AN ADMINISTER JUSTICE VOLUNTEER INTERPRETER.***

- I understand that my interpreter, not Administer Justice, is responsible for ensuring the accurate translation of any and all information relayed to me by my interpreter from the attorney or other Administer Justice staff or volunteers.
- It is my responsibility to tell my interpreter if I am unclear of any instructions provided to me by Administer Justice and to seek clarification as needed.
- I understand that by allowing my interpreter to take part in my meeting with the Administer Justice attorney that I forego my attorney/client confidentiality privileges as it relates to my interpreter (meaning, your interpreter could be called to testify in a legal case concerning the issue discussed with your Administer Justice attorney).

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_



## Administer Justice

Main office: 1750 Grandet and Place, Suite 15 Elgin, Illinois 60123  
DuPage Branch: 27W500 North Avenue (Wheaton Bible Church) West Chicago, Illinois 60185  
847-844-1100 Fax 847-844-1101 www.administerjustice.org

### Legal Services Agreement

- We believe faith is important, but we will not discriminate against anyone for the receipt of help because of your race, religion, national origin, or any other basis except income.
- The attorney-client relationship with you is limited to this short consultation. The attorney you will be seeing will not be representing you.
- **BE ADVISED:** If you allow another individual (who is not an agent of Administer Justice) to sit in on your legal consultation with the attorney, you will jeopardize attorney-client confidentiality. That individual could be called as a witness to testify against you.
- We offer two levels of services:
  1. Possible pro bono representation for individuals under 125% of the U.S. Poverty Guidelines.
  2. *Pro Se* (for yourself) coaching and document help for those between 125-250% of the Poverty Guidelines.
- Our only fee is a one-time \$20 administration fee collected at your first interview.
- If you do not meet our income guidelines, we can refer you to a private attorney who will charge a fee as agreed to by you. We cannot be responsible for their work.
- We will keep any information you give us strictly confidential but will discuss your case as needed among our staff and volunteer attorneys.
- By signing, you consent to having your general information sent out to attorneys who may be willing to take your case.
- We believe in empowering people and will work with you to put together a plan for your circumstances. This plan will require your active involvement and participation in working with our attorneys, staff and keeping us informed of your address and phone number.

If you have any questions about these terms, please talk to a member of our staff. If these terms are acceptable to you, please sign below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_