

SAMPLE

Veteran Legal Clinic Intake Form

☐ Veteran Status Confirmed ☐ Child Support consult ☐ CVSO consult ☐ [Legal Clinic Name] follow-up needed

Services provided: ☐ advice ☐ referral ☐ legal forms ☐ other brief service _____

Atty(s) Initials: _____

Intake Worker: _____

Time of Intake: _____

NAME: First

Middle

Last

PHONE: () _____

EMAIL: _____

ADDRESS: _____

May we contact you at this phone number and address about your legal issue? ☐ Yes ☐ No

Birth date: _____

Race/Ethnicity:

☐ African American ☐ Hispanic

☐ Asian American/Pacific Islander

Gender: _____

☐ Caucasian

☐ Native American

☐ Other: _____

Current living situation:

Permanent

☐ Permanent

☐ Vets Home

☐ HUD-VASH

Homeless – Sign Up for Homeless Provider Screening

☐ VAMC

☐ Transitional

☐ Living with friends/relatives

☐ Shelter

☐ Streets

☐ Other _____

INCOME?

☐ YES

☐ NO

[Does not affect eligibility for services at this clinic]

Employment: _____

Amount/mo. _____

Benefits: _____

Amount/mo. _____

Current VA Case Manager?

☐ Yes

☐ No

Name _____

How did you hear about the clinic? _____

SAMPLE

SERVICE PERIOD:

☐ OIF/OEF/OND (9/11/2001 – current)

☐ Gulf War (8/2/1990 – 3/31/1991)

☐ Vietnam (2/28/1961 – 5/7/1975)

☐ Korea (6/25/1950 – 1/31/1955)

☐ WWII (12/7/1941 – 12/31/1946)

☐ Other (All Other Dates) _____

LEGAL ISSUE:

☐ BANKRUPTCY ☐ BENEFITS ☐ CRIMINAL ☐ CRIM. EXP. ☐ DEBT COLLECTIONS ☐ DRIVERS LICENSE

☐ EMPLOYMENT ☐ FAMILY ☐ HOUSING ☐ PERSONAL INJURY ☐ TAX ☐ WILL ☐ OTHER

(EXPLAIN) _____

COUNTY/STATE OF LEGAL ISSUE: _____

HAVE YOU CONSULTED AN ATTORNEY ABOUT THIS MATTER? ☐ YES ☐ NO

DO YOU HAVE ANY OTHER LEGAL MATTERS AT THIS TIME? ☐ YES ☐ NO

(EXPLAIN) _____

DO YOU HAVE AN IMMEDIATE FAMILY MEMBER IN THE US WHO MAY BE IN NEED OF A GREEN CARD? ☐ YES ☐ NO

Client Acknowledgment

The [INSERT NAME OF VETERAN'S LEGAL CLINIC] offers you a short meeting with an attorney, **free of charge**, to discuss a legal matter. The volunteer attorney can provide information on most legal matters along with brief advice about the next steps you may wish to take.

I understand and agree to the following: The attorney I meet with today will give me brief legal advice. The attorney will not give me ongoing legal service after today's clinic. If I wish to consult with the attorney after today's clinic a separate representation agreement is necessary. I remain responsible for all parts of my case. The party on the other side may now or in the future be represented by this attorney's law firm. What I tell the attorney today is confidential, although my information can be shared with others in a good faith effort to assist me in this matter.

SIGNATURE OF VETERAN

DATE