

Date: ____/____/2017

Name: _____

Volunteer: _____

VLP INTAKE FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION (Print please)		
Name		
Address		
City	State	Zip
Please list the total number of people living at this address	Adults-#	Children-#
Home or Cell Number ()		
Birth Date		Age
Gender		
Race		
U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>(Citizenship not required for legal assistance)</u>		
Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your current living situation? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
YOUR TOTAL GROSS MONTHLY INCOME		
\$ _____		
List the sources of income: (SS, SSI, TANF, Disability, Food Stamps, Employment, etc.)		

<u>THE FOLLOWING INFORMATION IS REQUIRED:</u>		
Please list the name of Opposing Party:		

Court Case # _____		

<u>VOLUNTEER:</u>
PLEASE COMPLETE THIS INFORMATION
<p>Approximate time assisting the case:</p> <p><input type="checkbox"/> 15 minutes</p> <p><input type="checkbox"/> 30 minutes</p> <p><input type="checkbox"/> 45 minutes</p> <p><input type="checkbox"/> 60 minutes</p> <p><input type="checkbox"/> 75 minutes</p> <p><input type="checkbox"/> Other _____</p>
<p>Service Provided:</p> <p>Case type:</p> <p><input type="checkbox"/> Assisted with a family law matter</p> <p><input type="checkbox"/> Assisted with an Unlawful Detainer</p> <p><input type="checkbox"/> Assisted with a Consumer Law matter</p> <p><input type="checkbox"/> Other matters</p> <p><input type="checkbox"/> Other _____</p>
<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>VLP Office use only:</p> <p>Posted Date _____</p> <p>Posted By _____</p>