

All blanks/zeros filled       Conflicts verified (applicant/adverse party)  
 Citizenship verified       Eligibility verified  
 Additional questionnaires attached       Retainer Signed

| FOR OFFICIAL OFFICE USE ONLY                        |       |
|---|-------|
| Problem Code:                                       | _____ |
| Case Number:  | _____ |
| Attorney:   | _____ |
| [A & C] [Limited Action] [Open] [Referral] [Reject] |       |

## LSVI-100 Intake Form

All Legal Services applicants must complete this form. Please provide us with the following information regarding your family and income. It will be kept confidential.

Full Name: \_\_\_\_\_  Male  
 Place of Birth: \_\_\_\_\_ Sex:  Female  
 U.S. Citizen:  Yes Social Security No#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year  
 E-Mail: \_\_\_\_\_ Are you or a household member a Veteran:  Yes  
 No

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

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

Home Tel.#: \_\_\_\_\_ Work Tel.#: \_\_\_\_\_ Cell Tel.#: \_\_\_\_\_

|  |                                  |                                    |                                  |
|--|----------------------------------|------------------------------------|----------------------------------|
| Marital Status:<br><small>Please check one box</small> | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Widowed |
|  | <input type="checkbox"/> Single  | <input type="checkbox"/> Separated | <input type="checkbox"/> Other   |

|  |                                |  |  |
|--|--------------------------------|--|--|
| Race:<br><small>Please check one box</small> | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Asian or Pacific Islander |
|  | <input type="checkbox"/> White | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: _____              |

Who is your complaint against? \_\_\_\_\_

What is the mailing and physical address of the person your complaint is against?  
 \_\_\_\_\_

Have you ever been a victim of domestic violence?  Yes  No

Has a restraining order ever been issued against you?  Yes  No

Number of children (under 18 years of age) living in your home: \_\_\_\_\_  
 Please list their information below (If additional space is needed, ask for the additional information form (LSVI-101).)

| Child's Name | Age | School Attending |
|--------------|-----|------------------|
|              |     |                  |
|              |     |                  |
|              |     |                  |
|              |     |                  |
|              |     |                  |
|              |     |                  |

Number of adults (18 and over) including yourself living in your home: \_\_\_\_\_

Please list their information below. (If additional space is needed, ask for the additional information form (LSVI-101).

| Adult's Name | Age | Employed By | Salary (Gross Income) [Circle One]       |
|--------------|-----|-------------|--|
|              |     |             | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|              |     |             | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|              |     |             | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|              |     |             | \$ _____ Weekly Bi-Weekly Monthly Yearly |

**Please indicate any additional income received in your household:**

|                 |          |                     |          |
|-----------------|----------|---------------------|----------|
| TANF (Welfare)  | \$ _____ | Retirement/Pension  | \$ _____ |
| Social Security | \$ _____ | Alimony             | \$ _____ |
| Unemployment    | \$ _____ | Veteran's Benefits  | \$ _____ |
| Workmen's Comp. | \$ _____ | Rental Income       | \$ _____ |
| Child Support   | \$ _____ | <b>TOTAL INCOME</b> | \$ _____ |

**Other Assets for you and your household members:**

Savings Account \$ \_\_\_\_\_ Checking Account \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_

**Other Real Property:**

Do you own or rent your home? \_\_\_\_\_ What is your monthly payments? \_\_\_\_\_

Do you own property other than your residence?  Yes  No

If yes, where is it located? \_\_\_\_\_

Do you own any car, truck or motorcycle?  Yes  No

If yes, describe each? \_\_\_\_\_

How much is each vehicle worth? \_\_\_\_\_ How much is owed on it? \_\_\_\_\_

Do you have any medical expenses?  Yes  No Do you have any other debts?  Yes  No

If yes, please list your medical expenses and other debts:

| Type of Expense (Medical, Loans, Child Care, etc.) | Payments [Circle One]                    |
|--|--|
|  | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|  | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|  | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|  | \$ _____ Weekly Bi-Weekly Monthly Yearly |
|  | \$ _____ Weekly Bi-Weekly Monthly Yearly |

If additional space is needed, ask for the additional information form (LSVI-101).

**I attest that all of the information I have provided on this form is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that I am a citizen of the United States.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_