

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: <i>Please check one box</i>	<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: <i>Please check one box</i>	<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	\$ _____	TOTAL INCOME	\$ _____

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: _____