



## Client Intake Form

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Gender:**  Male  Female  Non-Disclosed      **Date of Birth:**    /    /      **Age:** \_\_\_\_\_

**Best Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_      **Veteran?**  Yes  No

**Marital Status:**       Single       Married       Divorced       Separated       Widowed

**Ethnicity:**       African American       Asian       Caucasian       Hispanic/Latino       Other: \_\_\_\_\_

**Languages Spoken at Home:**  English       Spanish       Other: \_\_\_\_\_

**Income Type:**  Employment       Family Member       Spousal/ Child Support       Public Benefits

Other: (please explain) \_\_\_\_\_

**Annual Household Income:** \_\_\_\_\_ **or Monthly Income:** \_\_\_\_\_

**Number of People in Household:** \_\_\_\_\_ **List ages:** \_\_\_\_\_

**How did you hear about the Urban Promise Legal Clinic?** \_\_\_\_\_

**What is your legal concern?**

I hereby verify that all of the above information is true and correct to the best of my knowledge.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_      **SEE REVERSE SIDE**

## **UrbanPromise Legal Clinic Client Understanding**

I understand that the attorney I meet with today is an independent attorney who has agreed to provide me with a one-time interview, advice and possible referral to others for a legal issue which I have. If I meet with a volunteer law student, paralegal, legal assistant, or any other non-attorney volunteer, I understand that person will be either meeting with me with an attorney present during at least a portion of my appointment or that person will be conducting an interview and discussing with an attorney my individual problem so he/she can provide me with advice from the attorney.

I understand that all communications with the UrbanPromise Legal Clinic volunteers and staff, during this consultation, are confidential. I understand that any information shared or discussed beyond this consultation will be used internally and/ or exclusively for the advancement of your legal issue.

Although the host organization has arranged for an interview for me, the attorney who provides me with advice is acting solely on his or her behalf and not on behalf of anyone else and the attorney is using only his or her own independent advice and judgment. The attorney is solely responsible for any such advice and/or action or lack of action and/or action.

It is further understood that the meeting today is a one-time consultation. There is no expectation by me of continued representation by the attorney. I understand that the attorney is not “my attorney” for any matters I may present to the attorney and will not represent me or take any action on my behalf after this interview unless we both agree in writing to the contrary. If I wish to be represented by an attorney, it is my responsibility to use the advice I am given today and seek legal representation or help of other persons or organizations such as a legal aid society, a public defender or attorneys in private practice.

**Print Name:** \_\_\_\_\_

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

## **Authorization and Consent**

I consent and authorize the attorney who provides me with advice and representatives of the UrbanPromise Legal Clinic including those present during my interview to discuss my matter with others or to view my file to the extent they deem necessary in their sole discretion in order to provide advice, referral or service or for the purpose of evaluating such advice, referral or service.

I also understand that record may be kept of some of the identifying material I have provided for statistical purposes including my name, address, race, religious affiliation and the type of case for which I am seeking advice, but not the details of my case, and I authorize the use of that limited type of information for that purpose.

**Print Name:** \_\_\_\_\_

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