



Intake / Screening Form

Intake Date: _____

Clinic Date/Time: _____

Screeener Name: _____

Client Information

Name: _____

Age: _____ Gender: Male Female Email: _____

Street Address: _____ City _____

State _____ Zip _____ Telephone: _____ Alternate Telephone: _____

How did you hear about our organization? _____

Income Eligibility

We are a legal aid organization that serves low income families and individuals in greater Washington, DC. If your income exceeds our income guidelines, you might not qualify for our services. Because we have more requests for help than we can meet, we must prioritize our services for those in the most need.

Are you employed? Yes No If yes, what is your line of work? _____

Annual Income: \$ _____ Approximate value of your assets (i.e. home, car) \$ _____

Please list all benefits you receive (social security, general welfare, WIC, alimony, child support, Medicare, disability income, worker's compensation, etc.) _____

Conflicts Check

We perform a conflicts check before your appointment to make sure we have not previously met with your spouse, ex-spouse or an opposing party about your legal issue. We do this to protect your confidentiality.

If your matter is a conflict with a person or organization, name the opposing party: _____

Are you married? Yes No Name of spouse (or ex-spouse): _____

Do you have children? Yes No

Do your children live with you? _____

How many other family members live with you? _____

Do you support them financially? _____

Names and ages of your children:

Name	Age	Name	Age
Name	Age	Name	Age

About your legal issue

Do you have a pending or upcoming:

- Court proceeding administrative proceeding hearing filing deadline

If yes, when? _____ Where? _____ What is it for? _____

Are you currently represented by an attorney for this matter? Yes No

Your legal documents

To better serve you, our pro bono attorneys will review your information before your appointment. If you have documents related to your legal issue, please send them to us. Your documents will remain confidential.

Do you have any documents relating to your legal issue? Yes No

If yes, scan and email your documents to: intake@GSAdvocates.org OR fax them to: (703) 536-6757 Fairfax & Arlington Counties & City of Alexandria | (888)698-4840 Loudoun County | (301) 948-8745 Maryland

- Please categorize your legal issue** Domestic Relations Domestic Violence Tax
 Debt Settlement Landlord/Tenant Immigration Bankruptcy/Foreclosure Other

Please provide a brief description of your legal issue:

Church

Do you attend a church? Yes No

If yes, name of church and your pastor/priest: _____

Client Background and Language

We ask the following questions so we can best communicate with you during your appointment.

How would you describe your ethnicity? _____ What is your country of origin? _____

Will you need an interpreter? Yes No If yes, which language? _____

We ask each client to provide his or her own interpreter if one is needed. If you intend to bring an interpreter, please complete the following information:

Interpreter's Name: _____ Interpreter's telephone number: _____

How do you know the interpreter? (i.e. family, friend, neighbor) _____

END OF FORM