

Intake By: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<b>For SLO Use only:</b>  Conflict Check Run:    Yes <input type="checkbox"/> No <input type="checkbox"/> Any Conflict?            Yes <input type="checkbox"/> No <input type="checkbox"/>	SLO Case #: <input style="width: 90%;" type="text"/>  Student Attorney: <input style="width: 90%;" type="text"/>  Supervising Attorney: <input style="width: 90%;" type="text"/>
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**Personal Information:**

Client's Name: <input style="width: 90%;" type="text"/>	Birthdate: <input style="width: 80%;" type="text"/>	Age: <input style="width: 80%;" type="text"/>
Name of Parent or Guardian: <input style="width: 90%;" type="text"/>		If client is under 18, please ask for the Parent/Guardian name.
Address: <input style="width: 90%;" type="text"/>	City: <input style="width: 80%;" type="text"/>	
	State: CO	Zipcode: <input style="width: 80%;" type="text"/>
		Country: <input style="width: 90%;" type="text"/>
(H) Phone: <input style="width: 80%;" type="text"/>	(W) Phone: <input style="width: 80%;" type="text"/>	Phone (Other): <input style="width: 80%;" type="text"/>
		Message Phone: <input style="width: 80%;" type="text"/>
Prefers to be called at: (Indicate when and where and any special circumstances about telephone calls)		<input style="width: 90%; height: 40px;" type="text"/>

<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Male <input type="checkbox"/> Female <b>Citizenship:</b> <input style="width: 90%;" type="text"/>  <b>SS#:</b> <input style="width: 90%;" type="text"/>	<b>Disabilities?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>  <b>Type:</b> <input style="width: 90%;" type="text"/>  <b>Interpreter needed?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>  <b>Language:</b> <input style="width: 90%;" type="text"/>
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Referred From:

Is the Client employed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Employer: <input style="width: 90%;" type="text"/>	Job Title: <input style="width: 90%;" type="text"/>
Monthly Earnings:	<input style="width: 90%;" type="text"/>			
Is clt's spouse employed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Employer: <input style="width: 90%;" type="text"/>	Job Title: <input style="width: 90%;" type="text"/>
Monthly Earnings:	<input style="width: 90%;" type="text"/>			
Less Childcare Expenses:	<input style="width: 90%;" type="text"/>			
Total Income:	<input style="width: 90%;" type="text"/>			

Public Benefits: Do you receive public benefits? If so, what type?

SSI	<input type="checkbox"/>	<input type="text"/>
SSDI	<input type="checkbox"/>	<input type="text"/>
TANF	<input type="checkbox"/>	<input type="text"/>
AND	<input type="checkbox"/>	<input type="text"/>
Old Age Pension	<input type="checkbox"/>	<input type="text"/>
Medicaid	<input type="checkbox"/>	<input type="text"/>
Medicare	<input type="checkbox"/>	<input type="text"/>
Medically Indigent Program	<input type="checkbox"/>	<input type="text"/>
Housing Assistance: Section 8 (certificate or voucher, project based)	<input type="checkbox"/>	<input type="text"/>
Veteran's	<input type="checkbox"/>	<input type="text"/>
Food Stamps	<input type="checkbox"/>	<input type="text"/>
Total Benefits:		<input type="text"/>

Total Amount of Income:

Other sources of Income:

Monthly Rent or Mortgage Payment?

Monthly Car Payment? (If Any)

Total # in the home:

Adults:

Children:

Ages of Children:

Eligibility?

No

Yes

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CASE INFORMATION:

Nature of Charges:

Case No:

Courtroom or Division:

County:

Name of Court:

Ask the client: Have you been to court before on this case? What happened? When do you go to court again? What is the nature of the hearing?

Arraignment/Plea

Date & Time:

Pretrial

Date & Time:

Trial

Date & Time:

Review

Date & Time:

Other:

Did the client request a jury trial?

Yes

No

Is the client on parole or probation?

Probation

Parole

Probation start:

end:

Why is the client on probation or parole?

Type of parole:

felony

misdemeanor

Brief Summary of the facts:

Name of Co-Defendants (if any):

Name of Adverse Party (if any):

Adverse Party DOB: