Today’s Date: Click here to enter text.

**OFFICE USE ONLY:**

Appt. Date: Click here to enter text. Appt. Time: Click here to enter text. Person Taking Call: Click here to enter text.

Does Client Need Translator? Yes  No

How many people are living in your household? Click here to enter text.

How many of those people are YOU responsible for? Click here to enter text.

What is your income? $Click here to enter text.

Is there anybody else who helps pay the bills for your family? YES  NO .

If YES, please give name: Click here to enter text.

If you have a husband, wife or significant other, what is his/her income? $Click here to enter text.

NOTE: This person does NOT have to live in the same household.

Does any other person or organization contribute to your family? Yes  No

If so, how much? $Click here to enter text.

**TOTAL INCOME** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT NAME (please print):** Click here to enter text.

STREET ADDRESS, CITY, STATE, ZIP: Click here to enter text.

PHONE: Click here to enter text.

**MAY WE CALL YOU AT THIS NUMBER? YES NO**

**MAY WE LEAVE A MESSAGE FOR YOU AT THIS NUMBER? YES NO**

**ADVERSE PARTY NAME (please print):** Click here to enter text.

STREET ADDRESS, CITY, STATE, ZIP: Click here to enter text.

ADVERSE PARTY’S ATTORNEY, if any: Click here to enter text.

***How did you hear about The Justice Center?*** Click here to enter text.

**TYPE OF CASE:**

**FINANCIAL?:** Budget Counseling Other Click here to enter text.

**CONCILIATION? (check one):**  Conciliation Arbitration Mediation

**LEGAL? (check one):**

|  |  |
| --- | --- |
| Consumer/Utilities | Criminal (expungment/traffic) |
| Employment | Family |
| Guardianship | Housing |
| Social Security/Public Benefits | Wills/Powers of Attorney |
| Orders of Protection | Other? |

**For LEGAL cases:** Has a case already been filed? Yes No

If yes, is the case in Lake County? Yes No (If no, please be aware that we will meet with you, but will not be able to provide representation in court.)

**WRITE DESCRIPTION OF CASE (Please include details - use back of form if necessary):**