

Today's Date: _____

Full Name (including middle and surnames)		Date of Birth	Other names you have used in the past		Preferred Language	Your Gender
Your Address			City	Zip Code	Phone	Is it safe to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Ethnicity/Race			Total # in household	# Adults in Household	# Minors in Household	
<input type="checkbox"/> Asian <input type="checkbox"/> Black		<input type="checkbox"/> Latino <input type="checkbox"/> Native American		<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Other: _____
Currently Employed	SOURCES OF GROSS MONTHLY					
<input type="checkbox"/> Yes	CalWORKs/TANF	\$ _____ /mo.	GR/GROW	\$ _____ /mo.	Trust/Dividends/Stock	\$ _____ /mo.
<input type="checkbox"/> No	CAPI	\$ _____ /mo.	Pension	\$ _____ /mo.	Unemployment	\$ _____ /mo.
	Child Support	\$ _____ /mo.	Social Security	\$ _____ /mo.	Veteran's Benefits	\$ _____ /mo.
	Disability (Including SDI)	\$ _____ /mo.	Spousal Support	\$ _____ /mo.	Worker's Comp	\$ _____ /mo.
	Employment/Wages	\$ _____ /mo.	SSI/SSDI	\$ _____ /mo.	Other: _____	\$ _____ /mo.
Total Monthly Income		If you marked "Other" or if you have no income, how do you support yourself?			Is there a history of abuse between you and the opposing party?	
\$ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing				How did you hear about Levitt & Quinn Family Law Center?		
<input type="checkbox"/> Rent		<input type="checkbox"/> Section 8/Subsidized Housing		<input type="checkbox"/> Friend		<input type="checkbox"/> Referring Organization
<input type="checkbox"/> Temporarily with Family/Friends		<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Court		<input type="checkbox"/> Internet Search
<input type="checkbox"/> Shelter		<input type="checkbox"/> Own Home		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Returning
<input type="checkbox"/> Assisted Living		<input type="checkbox"/> Other: _____				
Current Spouse's Name			Spouse's Date of Birth	Other names your current spouse uses or has used in the past		
What type of problem do you need help with today?		How will you pay your \$40.00 Intake Consultation Fee?		Have any papers been filed in court by either you or the opposing party?		
		<input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Other: _____		<input type="checkbox"/> No <input type="checkbox"/> Yes		
				If yes... Next court date		
				Case Number	Courthouse Location	

INFORMATION ABOUT THE OPPOSING PARTY IN THIS CASE

Full Name (including middle and surnames)		Date of Birth	Other names used by opposing party (current or past)			
Opposing Party's Address			City	Zip Code	Phone	
Name of Opposing Party's Spouse		Date of Birth	Other names used by opposing party's spouse (current or past)			

Has a lawyer ever helped you in a family law matter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Attorney Name:	_____
Are you or your spouse business owners or self employed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Type of Business:	_____
Do you or your spouse own property in another state?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Location of Property:	_____
Do you or your spouse own property in a foreign country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Location of Property:	_____
Are you (or any family member) a member of the armed forces?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who:	_____
Are you (or any family member) a U.S. veteran?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who:	_____
Do you (or any household member) have a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Who:	_____
Would you like to resolve your case issues through mediation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Would you like to attend a free mediation class?	_____
Do you identify as Straight _____ Lesbian _____ Gay _____ Bisexual _____ Other _____ Decline _____				

Continue on other side

LIST ALL HOUSEHOLD MEMBERS, INCLUDING CHILDREN (EXCEPT YOURSELF)

Name	DOB	Relationship	Monthly Income	% of time spent in your household

MINOR CHILDREN NOT LIVING IN HOUSEHOLD

Name	DOB	City/State of Residence	Time Living in Current Location

FOR ADOPTION CASES ONLY

Adopting Child's Name	Date of Birth	Where was the child born?

BIOLOGICAL MOTHER'S INFORMATION

Name (including middle and surnames)		Date of Birth
Address		
City	Zip Code	Phone

BIOLOGICAL FATHER'S INFORMATION

Name (including middle and surnames)		Date of Birth
Address		
City	Zip Code	Phone

STOP --- BELOW SECTION FOR STAFF USE ONLY

Interviewer	Household Size	Type of Case (Circle all that apply)				
BM EC LR NS	1 3 5 7 9	Adoption	Custody	DV	Child Support	Spousal Support
SH KW VOL	2 4 6 8 +9	Dissolution	Paternity	Probate	Other	
GMI	Session Fee	Poverty Level	Case Accepted and Assigned to			
\$	<input type="checkbox"/> 0 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 175 <input type="checkbox"/> Other: _____	%			
Screening Service Provided		Not Retained Because:				
<input type="checkbox"/> Legal Information Provided <input type="checkbox"/> Counsel & Advice		<input type="checkbox"/> Complex financial/property issues <input type="checkbox"/> Insufficient documentation to assess <input type="checkbox"/> Cannot assist within applicant's deadline <input type="checkbox"/> Applicant declined to pay intake fee <input type="checkbox"/> Wants full scope attorney of record <input type="checkbox"/> Applicant left without screening <input type="checkbox"/> Matter is outside of our jurisdiction <input type="checkbox"/> Other: _____				
Preliminary Fund Assignment						Number of Minors Impacted
<input type="checkbox"/> Beulah <input type="checkbox"/> Client <input type="checkbox"/> Court <input type="checkbox"/> Kids <input type="checkbox"/> Shriver <input type="checkbox"/> Toyota <input type="checkbox"/> Vets						
Notes						