



# Levitt & Quinn Family Law Center, Inc.

## Application for Legal Services

**Staff Use Only**

Conflict Check Conducted

Conducted By: \_\_\_\_\_

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	If you agree to contact via email, enter address	
Your Ethnicity/Race						Total # in household		# Adults in Household		# Minors in Household	
<input type="checkbox"/> Asian		<input type="checkbox"/> Latino		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Black		<input type="checkbox"/> Native American		<input type="checkbox"/> White							
Currently Employed	<b>SOURCES OF GROSS MONTHLY</b>										
<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.
<b>Total Monthly Income</b>			If you filled in "Other" as a source of income, or if you have no income, how do you support yourself?								
\$ _____											
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 case 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"/> No		<b>If yes... Next court date</b> _____			
			<input type="checkbox"/> Credit/Debit Card			<input type="checkbox"/> Yes		Case Number		Courthouse Location	
			<input type="checkbox"/> Other: _____								

**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)					

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

<b>Interviewer</b>		<b>Household Size</b>		<b>Type of Case (Circle all that apply)</b>									
AF	AL	BM	EC	1	3	5	7	9	Adoption	Custody	DV	Child Support	Spousal Support
EL	LR	SH	VOL	2	4	6	8	+9	Dissolution	Paternity	Probate	Other	
<b>GMI</b>		<b>Session Fee</b>				<b>Poverty Level</b>		<b>Case Accepted and Assigned to</b>					
\$		<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: _____		%					
<b>Screening Service Provided</b>				<b>Not Retained Because:</b>									
<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: _____									
<b>Preliminary Fund Assignment</b>											<b>Number of Minors Impacted</b>		
<input type="checkbox"/> Client <input type="checkbox"/> Court <input type="checkbox"/> Kids <input type="checkbox"/> Shriver <input type="checkbox"/> Toyota <input type="checkbox"/> Vets													
<b>Notes</b>													