

LevittQuinn Family Law Center, Inc.

Application for Legal Services

| |
|---|
| Staff Use Only |
| Conflict Check Conducted <input type="checkbox"/> |
| 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 |
| <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 | 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. |
| Food Stamps? | Child Support | \$ _____/mo. | Social Security | \$ _____/mo. | Veteran's Benefits | \$ _____/mo. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 LevittQuinn 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 \$45.00 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 | | |
| | | <input type="checkbox"/> Credit/Debit Card | | <input type="checkbox"/> Yes | | |
| | | <input type="checkbox"/> Other: _____ | | 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) | | OP Gender |
| 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) | | |

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

Continue on other side

LIST ALL HOUSEHOLD MEMBERS, INCLUDING CHILDREN (EXCEPT YOURSELF)

| Name | DOB | Relationship | Monthly Income | % of time spent in your household |
|------|-----|--------------|----------------|-----------------------------------|
| | | | | |
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| | | | | |
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MINOR CHILDREN NOT LIVING IN HOUSEHOLD

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

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) | | | | | | | | | |
| EC | SH | SM | BM | 1 | 3 | 5 | 7 | 9 | Adoption | Custody | DV | Child Support | Spousal Support |
| LR | NS | 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"/> 125 <input type="checkbox"/> 60 <input type="checkbox"/> 150 <input type="checkbox"/> Other: _____ <input type="checkbox"/> 90 <input type="checkbox"/> 175 | | | | | % | | | | | | |
| 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"/> Adoption <input type="checkbox"/> Vets | | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | |
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