

# LevittQuinn Family Law Center, Inc.

## Application for Legal Services

<b>Staff Use Only</b>
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	<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.
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.
<b>Total Monthly Income</b>		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)		

<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><b>No</b>      <b>Yes</b></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>
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**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**

<b>Interviewer</b>	<b>Household Size</b>	<b>Type of Case (Circle all that apply)</b>			
BM EC LR	1 3 5 7 9	Adoption	Custody	DV	Child Support Spousal Support
NS 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"/> 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					
<b>Notes</b>					