

Senior Law Project - Intake Sheet

Senior Center: ☐ BM/HW ☐ CPA/HW ☐ IMP ☐ IRCO ☐ FH ☐ NH ☐ UL ☐ YWCA

Date of Clinic: _____ Need Interpreter? ☐ Yes - Language: _____

Name: _____
(Please Print) Last First Middle Initial

Spouse Name: _____ Spouse is Over 60? ☐ Yes

Mailing Address: _____

Phone: _____ Birthdate: _____ Gender: ☐ Male ☐ Female ☐ Other

Ethnicity: (check all that apply) ☐ White ☐ Asian ☐ African American ☐ Hispanic ☐ Native American
☐ Other _____ ☐ Declined to answer

ADVERSE PARTY: Others involved in the case (ex-spouse, co-parent, child, landlord, etc.)

Name Date of Birth Relationship

HOUSEHOLD INFORMATION

☐ Alone ☐ With Others: Adults: _____ Minor Children: _____ ☐ Long-term Care Facility ☐ N/A

MONTHLY INCOME (before taxes)

Monthly Income (including wages, retirement, social security, pension, etc.)	\$
Other household member's income	\$
Total household income	\$

Financial Eligibility:

☐ Under 125% ☐ Between 125% - 200% (attempt to work down to 125%) ☐ Over 200%

\$_____ Medical/Disability/Nursing Home Expenses (including insurance)

\$_____ Support Payments

\$_____ Work-related expenses

\$_____ Taxes from prior years

\$_____ Student loans

\$_____ Court fines/fees

\$_____ **TOTAL DEDUCTIONS**

☐ Income not provided

☐ Assets not provided

☐ Available assets over \$15,000

☐ **ELIGIBLE**

☐ **INELIGIBLE**

Brief Description of Legal Problem: _____

Legal Status: ☐ US Citizen ☐ LPR ☐ Work Card ☐ Immigration Proceedings ☐ VAWA

Please Sign Date: _____

Eligible – kept for follow up

Pro Bono Attorney: _____ ☐