

# LEGAL AID SOCIETY OF MILWAUKEE, INC.

## Client Intake Form

DATE: \_\_\_\_\_, 200\_\_

Web Version 032206

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other Names You've Used: \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_  
(i.e., maiden name)

Marital Status:  married  divorced  separated  widowed  single  other \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Names and Birthdates of Children: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: Asian Black Hispanic Native American  
Unknown White Other

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Income: \$ \_\_\_\_\_ /month Source: \_\_\_\_\_  
(i.e., WAGES, SSI, UC, W-2, CHILD SUPPORT)

Other Household Income: \$ \_\_\_\_\_ /month Source: \_\_\_\_\_  
(i.e., child's SSI, relative's wages)

Health Insurance: \_\_\_\_\_

Who told you about us?  Advertisement  Private Attorney  Former Client  Court  
 Friend  Legal Action of Wisconsin  Other: \_\_\_\_\_

Describe your legal problem: \_\_\_\_\_

I AM ASKING FOR AN ATTORNEY FROM THE LEGAL AID SOCIETY TO REPRESENT ME BECAUSE I AM NOT ABLE TO PAY FOR A PRIVATE ATTORNEY. ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. I AGREE TO INFORM MY ATTORNEY OF ANY CHANGE IN MY FINANCIAL SITUATION. I UNDERSTAND THAT IF MY FINANCIAL SITUATION CHANGES, I MAY NO LONGER BE FINANCIALLY ELIGIBLE FOR LEGAL AID SOCIETY SERVICES. I UNDERSTAND THAT NO LEGAL ASSISTANCE WILL BE PROVIDED AFTER TODAY'S INITIAL CONSULTATION WITHOUT EITHER A WRITTEN RETAINER AGREEMENT OR A LETTER CONFIRMING THE SERVICES TO BE PROVIDED.

Your Signature: \_\_\_\_\_