

**LEGAL AID SOCIETY OF MILWAUKEE, INC.
CLIENT INTAKE FORM**

Date: _____, 2020

Intake Attorney: _____

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ SSN: _____ - _____ - _____

Other Names You've Used _____ Name of Spouse/Partner: _____

Spouse/Partner SSN: _____ - _____ - _____ Spouse/Partner Date of Birth: ____/____/____

Marital Status: Married Divorced Separated Widowed Single Other

Address: _____ Apt # _____ City: _____ Zip Code: _____

Telephone Home: _____ Work: _____ Cell: _____

Email Address: _____ Military: Yes No Branch: _____

Sex: Male Female Transgender Non-binary rather not say

Number of **MINOR** children living at home: _____ Number of Adults: _____

Names and Birthdates of Minor Children (additional children can be added on page 2):

_____ d/o/b: _____

_____ d/o/b: _____

Race: Asian (Chinese, Japanese, Filipino, Indian, Thai, Etc.) Hmong
 African American American Indian/Alaska Native Hawaiian/Pacific Islander
 White Hispanic or Latino Multi-Racial Other

Income: (Include ALL sources of income including Foodshare, child support, W2, SSI etc.)

\$ _____ /month _____ /source

\$ _____ /month _____ /source

\$ _____ /month _____ /source

\$ _____ /month _____ /source

Who told you about us?

- Advertisement
- Private Attorney
- Court
- Friend
- Legal Action of Wisconsin
- Other
- Former Client

Briefly describe your legal problem:

Who is your case against?

(You must provide full name of person /landlord/organization/business your case is against)

Additional Children:

_____	d/o/b: _____
_____	d/o/b: _____
_____	d/o/b: _____
_____	d/o/b: _____

PLEASE READ BEFORE SIGNING

I confirm that all information in this application is true and complete and agree to inform the Legal Aid Society of any change to my financial situation.

I UNDERSTAND THAT NO LEGAL ASSISTANCE WILL BE PROVIDED AFTER TODAY'S CONSULTATION WITHOUT EITHER A WRITTEN RETAINER AGREEMENT OR LETTER CONFIRMING THE SERVICES TO BE PROVIDED.

Signature: _____ Date: _____