

LEGAL AID SOCIETY OF MILWAUKEE, INC.
CLIENT INTAKE FORM

Highlighted Areas Must Be Completed

Date: _____, 2017

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: _____

Household Size: _____ Number of Children: _____ 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, Hmong, Indian, Thai, Etc.)
 African American American Indian/Alaska Native Hawaiian/Pacific Islander
 White Hispanic or Latino Multi-Racial Other

Sex: Male Female Transgender

Are/were you in the military?

Yes No Branch: _____

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

\$ _____/month _____/source

\$ _____/month _____/source

\$ _____/month _____/source

Other household income:

\$ _____/month _____/source

Who told you about us?

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

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

Please Read Prior to Signing

I am asking for an attorney from 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 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: _____ **Date:** _____