CL Intake Form

Thank you for your interest in Community Legal (CL). Please complete all sections below. Your responses help us understand your household and legal needs so we can provide the best possible assistance. All information will be kept confidential. If you need help with any part of this form, please ask a staff member. Please note that completing and submitting this intake form does not establish an attorney-client relationship between you and Community Legal (CL) or any affiliated organization, and does not guarantee that legal services will be offered or provided to you. An attorney-client relationship will only be formed if CL expressly agrees in writing to represent you following a review of your application and a consultation.

Personal Information

Full Name:

Street Address:

City:

County:

Zip Code:

Date of Birth (MM/DD/YYYY):

Age:

Phone Number:

Email Address:

Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ More than one race
☐ Prefer not to answer
☐ Other: _____

Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Prefer not to answer
☐ Other: _____

Preferred Language:

Can you read and write English?
☐ Yes ☐ No

If not, what is your primary language?

Are you a veteran?
☐ Yes ☐ No

Marital Status:
☐ Single ☐ Married ☐ Separated ☐ Divorced (Date: _____) ☐ Widowed

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Household Annual (Yearly) Total Income Information (from all sources):

☐ Less than $12,501 ☐ $50,001 - $62,500 ☐ More than $150,000

☐	$12,501 - $25,000	☐	$62,501 - $75,000
☐	$25,001 - $37,500	☐	$75,001 - $100,000
☐	$37,501 - $50,000	☐	$100,001 - $150,000

Household Composition

Total Number of People Living in Your Household (including yourself and children):

Please list all household members, including yourself and all children. For each person, provide their name, age, birthdate, and relationship to you.

Name	Age	Birthdate	Lives with You? (Yes/No)

Children Details

Do you have any children ages 17 or younger living in your household?
☐ Yes ☐ No

If yes, how many children are there?

Please provide the following information for each child aged 17 or younger. If more space is needed, please attach an additional sheet.

Name	Age	Birthdate	Lives with You? (Yes/No)

Legal and Residency Questions

What legal issues or questions would you like help with?

County of Residence:

Active Court Case Information

Do you currently have an active court case?
☐ Yes ☐ No

If yes, please provide the following details:

- **Who is the adverse (opposing) party?**

- **Are you represented by an attorney?**
  ☐ Yes ☐ No
  If yes, name of attorney/law firm: _____

- **Is the adverse party represented by an attorney?**
  ☐ Yes ☐ No
  If yes, name of attorney/law firm: _____

- **What is the case number?**

- **In which county is the case filed?**

What type of legal matter is this?
☐ Divorce
☐ Guardianship
☐ Estate Planning
☐ Immigration
☐ Kinship Family Legal Issues
☐ Debt Defense
☐ Other: _____

Referral Source

How did you hear about Community Legal ?
☐ Friend/Family ☐ Church ☐ Social Service Agency ☐ Online
☐ Other (please specify): _____

If referred to by a specific person or organization, please provide their name:

If it is a church, please specify the name of the church:

Additional Comments or Questions

Please use the space below to share any other information, concerns, or questions you may have:

Consent and Acknowledgment

By signing below, I acknowledge that the information provided in this form is true and complete to the best of my knowledge. I consent to the use of this information by Community Legal (CL), the United Way of Greater Houston ICJ Program, and their affiliated partners for the purpose of assessing my eligibility and providing services. I understand that my information will be kept confidential, retained in accordance with applicable retention policies, and used only as permitted by law.

Signature: _____ **Date:** _____