

**WASHOE LEGAL SERVICES
CLIENT INTAKE FORM (Rev 5/06)**

Please fill out the following information – Please print

First name:	Last name:	
Street address:		
City:	Zip Code:	
Work phone:	Cell phone: _____	
	Home phone:	
Alternative contact : Name:	Phone:	
SSN:	DOB:	
# of adults in household:	# of children:	Head of household: Y/N
Opposing Party:	Marital status: S M D W (circle one)	

RACE: (circle one) White Black Hispanic Native American Asian/Pacific Islander Other: _____	Total Monthly Income <u>Income</u> Client: \$ _____ Spouse: \$ _____ Children: \$ _____ Other: \$ _____ Total: \$ _____ Source: _____ _____ _____	How were you referred to Washoe Legal Services? (please circle) Courts Social Services Self Help Center Medical/Mental Health Law enforcement Family/friends Phone book Other: _____
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Brief description of legal problem:

By signing this document I understand I am not being represented by Washoe Legal Services at this time. I also understand that this is an initial consultation to see if Washoe Legal Services can take my case and that the information I have provided is true and correct to the best of my knowledge.

This is to certify that my/our total income is \$ _____, which includes any benefits or assistance and provides for a family of _____. To the best of my knowledge, the above statements are true and correct.

Today's Date: _____ Sign here: _____

For office use only		CONFLICTS CHECK: _____			
WLS helped me understand my legal rights?	Strongly Agree	Agree	Disagree	Strongly Disagree	
WLS helped me resolve my legal issue?	Strongly Agree	Agree	Disagree	Strongly Disagree	
I would not have been able to resolve my issue w/o WLS's help? SA	Agree	Disagree	Strongly Disagree		
Evicted	Stayed in home	Left voluntarily	No response		