

# CLIENT INFORMATION

First name:

Middle name:

Last name:

List any other last names you have used

Age:

Date of Birth:

Address

City

County

Zip Code

E-Mail address

Cell Phone Number:

Home Number:

How may we contact you?

E-mail

Mail

Text

Cell

Home phone

(You can check more than one)

Are you: Single

Married

Separated

Divorced

Widowed

Name of Spouse, if any

Do you have children (of any age)?

Yes

No

If yes, please list:

Name

Age

Who is child living with?

What is your Total Monthly Income (including all sources of income)? \$

Are you receiving Child Support? Yes  No  If yes, amount per month \$

Do you owe any child support? Yes  No  If yes, amount per month \$

Are you receiving SS Disability? Yes  No  If yes, amount per month \$

if yes, list type of disability

Are You a Veteran? Yes  No

Are you a legal resident of the U.S.? Yes  No

Can you read and write English? Yes  No

What is your primary Language?

What is your Ethnicity?

Have you been issued: A driver's license  State ID  Issuing State:

Has your license been suspended or revoked? Yes  No

How did you hear about us?

Do You Have a Church Home? Yes  No  Name of Church

Besides Legal Help, are you in need of: Shelter  Food  Other

1. What Legal issue or problem do you have?

2. What would you like Christian Community Legal Aid to help with?

3) Have you talked to another lawyer about what we'll be discussing today? Yes No  
If yes, please provide the name or organization for each lawyer you talked to.

4) Has any legal action been taken in this case by you or others? Yes No  
If yes, what action?

If filed in Court, list: County where filed Court

Case number Case filed by

Parties to case Date filed

**Please email completed form to [helpme@cclegalaid.org](mailto:helpme@cclegalaid.org)**