LAFAYETTE BAR FOUNDATION

COUNSEL ON CALL

Intake Sheet

Date: _____ **Attorney Volunteer**: _____

Client Name:_____

Date of Birth:_____ **Social Security No**.:_____

Address:_____ **Zip code**:_____

Phone:_____

Are you a citizen of the United States? _____ **Are you a veteran?** Yes_____No____

Race:_____

OFFICE USE ONLY:

Brief Services_____ Notarization_____ PCode_____ Stats:_____

State your legal issue:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____