



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: _____ Email address: _____

Number adults in your household _____ Number of children in your household _____

Are you disable? Yes _____ No _____

OFFICE USE ONLY:

Advice _____ Notarization _____ PCode _____ Stats: _____

State your legal issue: _____

