

NAME: _____ **SPOUSE:** _____

AKA, e.g. maiden name: _____

ADDRESS (include city & zip code): _____

EMAIL: _____ **TELEPHONE NUMBER(S):** _____

SEX: _____ **BIRTH DATE:** _____ **SPOUSE'S BIRTH DATE:** _____

VETERAN STATUS:

- Veteran
- Spouse of a Veteran

DISABLED:

- Yes
- No

PREVIOUS CLIENT:

- Yes
- No

RACE/ETHNICITY:

- White
- Hispanic
- African American
- Native American
- Asian
- Eastern European
- Mixed Heritage/Other

MARITAL STATUS:

- Married
- Never Married
- Divorced
- Separated
- Widowed

LIMITED ENGLISH SPEAKING:

- Yes
- No

MEANS OF TRANSPORTATION:

- Own Car Family/Friend
- Public Transportation
- Senior Transportation
- No Transportation

LIVING ARRANGEMENT:

- Home Owner Senior Housing Nursing Home Renter
- Adult Family Home Licensed Boarding Home Homeless Other

NUMBER IN HOUSEHOLD: _____

NUMBER OF LIVING CHILDREN: _____

TOTAL MONTHLY INCOME: YOURS: \$ _____

SPOUSE: \$ _____

ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply)

- Supplemental Social Security Income (SSI) Amount per month: _____
- Social Security Disability/Social Security Retirement Amount per month: _____
- Retirement/Pension Amount per month: _____
- Veterans' Benefits Amount per month: _____

LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investments, etc.)

Asset: _____	Amount: _____	Asset: _____	Amount: _____
Asset: _____	Amount: _____	Asset: _____	Amount: _____

REFERRAL SOURCE: _____

ADVERSE PARTY: _____

PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING DEADLINES:

DATE: _____ **SIGNATURE:** _____