

GENERAL IN-TAKE FORM

Date of In-take: _____ Date of Appointment: _____

Participant's Full Legal Name: _____
(to include maiden name, aliases, nicknames or other names used by Participate)

Date of Birth: _____ Telephone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Native American Tribal Affiliation: No Yes _____

Legal Issue:

- Protection Order Divorce Custody Child Support Parentage
 Parenting Plan Name Change Other: _____

Briefly describe the issue for which you are seeking assistance: _____

Name/s of the opposing party/s: _____

Have you previously consulted with an attorney about this matter? No Yes _____

Name of Court and Case Number (if available): _____

Participant Acknowledgement:

I understand and agree to the following: The attorney I will meet with at the advice clinic and/or GLS-CLP will give me brief legal advice. The attorney may decide not to provide ongoing legal service after the initial session. I remain responsible for all parts of my case. What I tell the attorney today is confidential.

Signature

Date

To Be Completed by Clinic Staff:

- Legal Services Provided: Legal advice Drafted Pleadings/Documents
 Referred participant to a legal nonprofit for further assistance.
 Did not provide services to the participant.

Attorney's Name: _____

WA Bar #: _____

Law Student's Name: _____

Passion *into* Practice.