

**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.