

Hendricks County Pro Bono Program
INTAKE FORM

Date:

Name: _____ DOB: _____

Address:

Phone:

U.S. Citizen: () Yes () No Sex: _____ Ethnicity: _____

Disabled? () Yes () No Domestic Violence Victim? () Yes () No

Marital Status: _____ Spouse: _____

Employer:

Spouse's Address:

INCOME and PROPERTY INFORMATION:

Your Monthly Income:

Your Employer and address:

Your Spouse's Monthly Income:

Spouse's Employer and address:

List all others in household and their monthly income:

Does anyone in the household receive public assistance including but not limited to:

____ I do not receive any public assistance

TANF	() yes () no	Disability	() yes () no	Social Security	() yes () no
Food Stamps	() yes () no	AFDC	() yes () no	Workers Comp	() yes () no
Fuel Assistance	() yes () no	VA	() yes () no	Medicaid	() yes () no

If you answered "yes" to any of the above, state who receives the assistance and the monthly amount:

Do you or anyone in your household have any other sources of income? If so, state who receives this income, its source and the amount:

Do you have any bank accounts? If so, list each type of account, the bank, and current balance:

Do you have any stocks, bonds, certificates of deposit or other assets? If so, list them and their value:

Do you own or are you buying your house, any land or other real estate?:

()yes () no If so, where is it located?

what is its value?: How much do you owe on it?

To whom do you make payments?

Do you own any motor vehicles? ()yes () no

If so, for each vehicle list:

Make model year balance owed whom do you make payments

LIVING EXPENSES:

Monthly housing payment: Weekly child care expense:

Weekly employment transportation costs:

Other: Food \$

Utilities \$

Long term or recurring uninsured medical and dental expenses (detail problem and expense): \$

CASE INFORMATION:

Type of Case: Cause No.:

Court: Court Date:

Opposing Party:

Opposing Counsel, address, phone:

Previously consulted attorney? ()yes () no

Case Summary:

NOTICE: The information obtained on this form will be used to help determine if we can assist you with your legal needs. The information you provide is confidential but it must be completed and truthful. If you are accepted as a client, and if it is later determined that the information you have provided on this form is incomplete or untrue, the Hendricks County Pro Bono Program or your assigned attorney may terminate the attorney/client relationship.

I certify and affirm that I have read the above or had it read to me; I fully understand the information contained herein, and it is true and correct to the best of my knowledge. I request that this information be considered in determining my eligibility to receive free legal services from the Hendricks County Pro Bono Program. I hereby authorize the Hendricks County Pro Bono Program to release records and information pertaining to my case to the pro bono attorney(s).

Signature

Date

Witness (pro bono staff or volunteer)

Intake Preparer Name and Recommendation: