

Washington County Legal Advice Clinic

INTAKE FORM

Complete this form and mail to: Law Library, 14949 62nd St. No., Room 1005, Stillwater, MN 55082, or fax to: (651) 430-6331. A staff member will call to schedule an appointment. **It is very important that you bring any court orders or court documents to the Clinic so the Attorney can review your case and give you legal advice.**

Date: _____ Court File Number (if applicable) _____

I. YOUR INFORMATION

Name _____ Also Known As (AKA) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

E-mail Address _____

II. OTHER PARTY'S INFORMATION

Name _____ Also Known As (AKA) _____

Street Address _____

City _____ State _____ Zip Code _____

III. WHICH FAMILY OR CIVIL ACTION DO YOU NEED HELP WITH? ((please circle it below) It can only be a Family or a Civil issue (NOT BOTH).

Family: Contempt, Changing Custody, Changing Visitation, Domestic Abuse, Divorce WITH Children, Divorce WITHOUT Children, Establishing Custody, Establishing Visitation, Paternity, Child Support, Spousal Maintenance, Other Post-Decree.

Civil: Default Judgment, Consumer Issues, Conciliation, Housing/Eviction, Eviction Expungement, Name Change, Judgment Collection, Harassment or Automobile Title Transfer.

Write your question(s) for the attorney. Make it as brief as possible

1. _____

2. _____

3. _____

DO YOU HAVE AN ATTORNEY FOR ANY OF THE MATTERS IN SECTION III ABOVE? Yes _____ No _____

IV. HOW DID YOU HEAR ABOUT THE LEGAL ADVICE CLINICS? (please circle your answer)

County Attorney, Court Clerk, Child Support Officer, Newspaper, Information Booth, Judges Clerk, Law Library, Legal Assistance of Washington County, Internet, Friend, Other_____.

V. WHY DID YOU DECIDE TO REPRESENT YOURSELF IN THIS CASE? (please X your answer)

____ I thought it would be easy and I can handle it myself.

____ I could not afford a lawyer.

____ I did not want to spend money on a Lawyer.

____ Other (Explain)_____

VI. APPLICANT INFORMATION

1. Are you a US citizen or naturalized? Yes_____ No_____

2. Age_____

3. Please indicate your gross annual income by checking the appropriate box.

____ Up to \$22,000

____ \$22,001 – \$30,000

____ \$30,001 – \$37,000

____ \$37,001 - \$44,000

____ \$44,001 - \$52,000

____ \$52,001 or more

4. Household size (circle your answer) 1, 2, 3, 4, 5, 6, 7, 8. Number of minor children in household_____

5. County benefits received (e.g. Minnesota FP, General Assistance, Food Stamps, Medical Assistance, Minnesota Care)_____

OPTIONAL:

This information is optional, but we would like to gather it for statistical purposes only. Completion of this section is appreciated for our records and furtherance of this program.

1. **Race:** (Please X your answer)

Caucasian/White____, African American____, Native American____, Latino/Hispanic____, Asian/Pacific Isanl, East African, Other_____

2. **Disabled:** (Please (Please X your answer) Yes_____ No_____

LEGAL ADVICE CLINIC



DISCLOSURE STATEMENT

The Washington County clinic personnel are available for people who are representing themselves in a legal action in Washington County. The personnel who assist you do not represent you. The clinic personnel may assist both parties with information or preparation of documents. The clinic personnel can also give general information about legal issues, court process, practice and procedure.

The Washington County Law Library personnel can explain options to you but will **NOT** advise you about which options to choose.

The Washington County Law Library personnel **DO NOT REPRESENT YOU OR YOUR INTEREST**. They cannot take sides or advocate for you. They cannot attend a hearing with you.

Matters regarding legal issues are complicated and important! You are encouraged to consult with or hire an attorney if you want personalized advice or strategy.

I understand that the attorney I meet with today is meeting with me for the limited purpose of providing a consultation on my legal problem. This volunteer attorney can provide brief legal help and information but will not be assisting me beyond the clinic session. I also understand and agree that the opposing party may now, or in the future, be represented by this attorney's law firm. However, I understand that anything I tell the attorney today is privileged and confidential. If the opposing party is represented by this attorney's law firm in a related matter, the attorney will not participate in the representation nor share confidential information with members of his or her law firm. I consent to allow my information to be shared with others as deemed appropriate in a good faith effort to assist me in this matter.

I have read this Disclosure Statement (or have had it read to me) and understand it.

Date _____

Printed Name

Signature

I have translated the Disclosure Statement for (or read the statement to) the person requesting services.

Date _____

Signature