



**LEGAL ASSISTANCE for VICTIMS INTAKE FORM**

**Civil/COVID Program**

(%185 or ↓ FPL)

**Client Information**

Date Completed: \_\_\_\_\_ Referred By: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
 (First) (Middle) (Last)

All previous names used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female

Primary Language: \_\_\_\_\_ English:  None  Some  Fluent

Race/Ethnicity:  American Indian and/or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian and/or Pacific Islander  White

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best times to call: \_\_\_\_\_

Emergency Contact: (*friend, relative, advocate*) likely know where you can be reached if the above number is disconnected:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Housing:  Own  Rent  Homeless  Other permanent housing  Other

Household demographics:  Single person  2 adults no children  Single parent female  Single parent male  
 2 parent household  Non-related adults with children  Multi-generational  Other

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Length of residence in WI: \_\_\_\_\_ Current Marital Status: \_\_\_\_\_

Number of minor children in household that reside there at least 50% of the time: \_\_\_\_\_

Number of adults in the household (do not include partner if divorcing): \_\_\_\_\_

Citizenship:  Immigrant  Undocumented Immigrant  Refugee  Asylum seeker  American Citizen

Highest level of education:  No High School  Some High School  High School Diploma  GED  
 Some College  Bachelor's degree  Master's or Higher

Military Service:  Active Duty  Veteran  None

Are you currently receiving:  TANF  WIC  Foodshare  Childcare Assistance  Transitional Jobs  
 WI Caretaker Supplement  W2

What is your source of Health Insurance? \_\_\_\_\_

Do you have a disability?  Yes  No \_\_\_\_\_

### Client Employment Information

Are you currently employed?  Full time  Part time  Unemployed short term (less than 6 months)  
 Unemployed long term (more than 6 months)  Unemployed  Retired

Are you currently attending school?  Yes  No  Full time  Part time

Employer/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Time with this Employer: \_\_\_\_\_

How often are you paid?  Weekly  Biweekly  Twice a month  Once a Month  Other: \_\_\_\_\_

How much is your annual income? \_\_\_\_\_

What is your estimated annual household income? \_\_\_\_\_

Sources of income:  Employment only  Employment + other income source  Child support  
 Employment + non-cash benefits  Employment + other income + non-cash benefits  Other income source only  
 Other income + non-cash benefits  No income  
 Non-cash benefits only EXPLAIN: \_\_\_\_\_

Describe any employment benefits (care, meals, memberships, etc.):

### Introductory Legal Information

Have you been affected by COVID?  Yes  No

If so, how:

Why do you need legal advice/representation (describe issue):

Goal of Representation: \_\_\_\_\_

Have you contacted a lawyer about this issue?  Yes  No

Who? \_\_\_\_\_

Lawyer Contact information: \_\_\_\_\_

Is there currently a court date set?  Yes  No

County: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other prior court action: \_\_\_\_\_

What Legal Assistance needed:

Consumer/Finance (credit, debt, bankruptcy, tax)

Housing

Criminal Issues

Other: \_\_\_\_\_

Any other pertaining information helpful to your needs?

I, \_\_\_\_\_, give the Legal Assistance for Victims (LAV) program, per the signed Release of  
(Print Name)

*Information, permission to send this intake/referral form to the attorney addressed on the attached Release of Information form. I understand that I do not have to give the LAV program permission to release the completed intake form to the attorney and I could contact them myself if deemed eligible for services. By allowing the LAV program to release this intake/referral form, I understand that the LAV program may not control what happens to my information once it has been released to the person on the attached Release of Information form.*

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, **DO NOT** give the Legal Assistance for Victims program permission to release this  
(Print Name)

*intake/referral form to any of their partnered attorneys. I would prefer to contact the attorney myself.*

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)