

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.):

Ex-Spouse/Ex Partner Information

Full Legal Name: _____
(First) (Middle) (Last)

All previous names used: _____

Birthplace: _____ Birthdate: _____ Gender: M F

Primary Language: _____ English: None Some Fluent

Present Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (If different): _____

Length of residence in WI: _____

Current Marital Status: _____

Do they have a disability? Yes No _____

Citizenship: Immigrant Undocumented Immigrant Refugee Asylum seeker American Citizen

Military Service: Active Duty Veteran None

Children Born or Adopted into the Marriage/Relationship

(Use separate sheet of paper for additional children)

Full Name _____ Birthday _____

Children now live with: _____

Do you want custody of this child? Yes No _____

Any current court order regarding custody/visitation? Yes No _____

If so, what court issued? _____

Do you expect a contest over who should have custody? Yes No

Relationship Information

Are you currently married to your partner? Yes No

Date: _____ Place of marriage: _____

Have you been to marriage counseling? Yes No _____

Any chance to save the marriage? Yes No _____

If not married, how long have you and your partner been together? _____

Is there a history of abuse in your relationship? Yes No

What type: _____

Please describe history of abuse:

Have your child/children ever been abused by your spouse/partner? Yes No

Police Reports: Yes No If yes, where? _____

Hospital Records: Yes No If yes, where? _____

Other prior court action: _____

Are you currently seeing any other advocates/counselors/therapists, etc.: _____

Introductory Legal Information

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

Goal of Representation: _____

Have you contacted a lawyer about this issue? Yes No

Who? _____

Did they represent you? Yes No If yes, outcome? _____

Lawyer Contact information: _____

Any papers/documents served on you? _____

Is there currently a court date set? Yes No

County: _____ Date: _____ Time: _____

Current Protection Order in place? Yes No Explain: _____

Prior Protection Orders? Yes No Explain: _____

Other prior court action: _____

What Legal Assistance needed: Protection Orders Divorce Custody/Visitation Employment

Child/Spousal Support Income Maintenance Housing Criminal Issues

Consumer/Finance (credit, debt, bankruptcy, tax) Immigration Matters Education Issues

Establishment of Paternity Other: _____

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
(Print Name)

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

(Client Signature)

(Date)