

CLIENT INTAKE FORM

LAST NAME: _____ **FIRST NAME:** _____
MIDDLE NAME: _____ **FORM COMPLETED BY:** _____
ADDRESS: _____ **DATE:** _____
APT. #: _____ **PARISH:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
ALTERNATE ADDRESS: _____

CELL PHONE: _____ **ARE YOU ABLE TO RECEIVE TEXT MESSAGES?** ☐ Yes ☐ No
 (If you check "Yes", we may send you important reminders and requests for information via text message. If your ability to receive text messages changes, it is your responsibility to let us know. Data and text messaging rates may apply.)

WORK: _____ **HOME PHONE:** _____
S.S.#: _____ **D.O.B.:** ____/____/____ **RACE:** _____ **SEX:** _____

NATIONALITY: _____ **ETHNICITY:** _____ **LANGUAGE:** _____
☐ U.S. CITIZEN: _____ *Aplicación en español*
☐ QUALIFYING ALIEN **MARITAL STATUS:** _____
☐ NOT QUALIFIED **VETERAN?** ☐ Yes ☐ No **ACTIVE-DUTY MILITARY?** ☐ Yes ☐ No

HOW DID YOU HEAR ABOUT US? _____

ADVERSE PARTY (The Defendant / the other party / the opposing party – if more than one, list in comment section)

ADVERSE PARTY (FIRST): _____ **ATTORNEY:** _____
ADVERSE PARTY (LAST): _____ **EMPLOYER:** _____
ADVERSE PARTY ADDRESS: _____ **HOME #:** _____ **WORK #:** _____
 _____ **S.S. #:** _____
ADVERSE D.O.B.: ____/____/____ **ETHNICITY:** _____ **SEX:** _____ **ACTIVE-DUTY MILITARY?** ☐ Yes ☐ No

HOUSEHOLD INFORMATION

NUMBER OF INDIVIDUALS IN HOUSEHOLD: _____ + Yourself = _____

PLEASE LIST NAMES, AGES, D.O.B AND RELATIONSHIP TO CLIENT

NAME & RELATIONSHIP	DOB	NAME & RELATIONSHIP	DOB
1. _____	____/____/____	4. _____	____/____/____
2. _____	____/____/____	5. _____	____/____/____
3. _____	____/____/____	6. _____	____/____/____

ADDITIONAL PLAINTIFF/PARTIES INVOLVED: LAST NAME: _____ FIRST _____

S.S.#: _____ RELATIONSHIP: _____

FINANCIAL * Please attach copies of paystubs, SSI award letters, or any other supporting income documents.

This supporting evidence of income is MANDATORY. Your application will be significantly delayed for failure to include.

CLIENT'S EMPLOYER: _____ WORK #: _____

MONTHLY INCOME FOR HOUSEHOLD BEFORE TAXES, PLEASE STATE THE **AMOUNT** FROM EACH SOURCE:

FROM WORK: \$ _____ FROM UNEMPLOYMENT: \$ _____ FROM S.S.: \$ _____
FROM CHILD SUPPORT: \$ _____ FROM SSI: \$ _____ FROM WELFARE: \$ _____
FROM FOOD STAMPS: \$ _____ FROM ALIMONY: \$ _____ FROM OTHER: \$ _____
FROM RENT (Receive): \$ _____

DO YOU HAVE HEALTH INSURANCE ON YOUR CHILDREN? ☐ YES ☐ NO

DO YOU HAVE A CHECKING ACCOUNT? ☐ YES ☐ NO

A SAVINGS ACCOUNT? ☐ YES ☐ NO

BALANCE: CHECKING: \$ _____

SAVING: \$ _____

SHELTER: ☐ HOMELESS ☐ OWN ☐ RENT: PRIVATE ☐ RENT: PUBLIC ☐ RENT: SECTION 8
☐ OTHER: _____

MONTHLY COST: \$ _____ ☐ RENT ON VOUCHER ☐ GAS ON VOUCHER ☐ ELEC. ON VOUCHER ☐ UTIL. INCL. IN RENT

VALUE OF ASSETS: (Generally, one automobile and one home are exempt.)

ADDITIONAL AUTOMOBILES: \$ _____

SECOND HOME: \$ _____ USE (vacation, rental, investment?): _____ Amount you receive: \$ _____

OTHER ASSETS: \$ _____ WHAT IS THE ASSET?: _____

HOW ARE YOU CURRENTLY MAKING ENDS MEET? _____

1. Have you or anyone else involved with this issue sought the assistance of another attorney or agency, and to what result? _____

Name of attorney _____ Date _____

2. Have any papers been served on YOU regarding this matter? ☐ Yes ☐ No

3. Are there any deadlines that require immediate action? _____

4. Do you understand that filing fees and court cost are your responsibility? ☐ Yes ☐ No

5. Do you have any other pending legal cases? ☐ Yes ☐ No If yes, what type of case is it, and who is representing you? _____

6. Do you have any special needs such as transportation, etc.? _____



RETAINER AGREEMENT

I, _____, agree that The Pro Bono Project (PBP) will represent me in a possible lawsuit with respect to the following: _____

1. I understand that The PBP will not represent me in any other matter unless I and The PBP agree.
2. I understand that The PBP will handle my case to the best of its ability and in my best interest. I also understand that The PBP cannot guarantee that I will prevail in my case.
3. I agree that The PBP will represent me in any administrative or judicial proceedings that may be necessary, including appeals of any judicial decision that, in the opinion of the attorneys at The PBP, should be appealed.
4. I agree to cooperate with The PBP in my representation by:
 - a) not discussing my case with an adverse party without The PBP's knowledge and consent;
 - b) informing The PBP immediately when I receive communications, letters, or pleadings related to my case;
 - c) being available as necessary for interviews, meetings, depositions, hearings or trials; and
 - d) Contacting The PBP if my phone number or address changes, my income changes, or if I get another attorney to work on my case.
5. I understand that if any of the following occurs and I do not let The PBP know, the PBP may close my file:
 - a.) my phone number or address changes
 - b.) my income changes
 - c.) I receive court papers about my case
 - d.) I get another attorney to work on my case

COSTS AND FEES

6. The PBP agrees that it will provide legal services free and at no charge to me. If possible, The PBP may seek fees, costs and expenses from the opposing parties in my case. I agree to cooperate fully with The PBP in applying for and otherwise seeking fees, costs and expenses. The PBP may seek to file *in forma pauperis* on my behalf, but I understand that if I do not prevail, I will be responsible for a portion or all of the costs and fees.

TERMS OF REPRESENTATION

7. I agree to promptly inform The PBP of any change in my address or telephone number.
8. The PBP will make no settlement without first consulting me or my representatives and obtaining my or their approval.
9. I understand that The PBP reserves the right to withdraw from representing me for any reason consistent with ethical obligations under the Louisiana Rules of Professional Conduct. Examples of reasons for withdrawing representation are:
 - a.) a professional determination made by an attorney that the matter should not be pursued;
 - b.) a professional determination made by an attorney that an appeal should not be made;
 - c.) my refusal to settle or dismiss my claim which The PBP determines is reasonable and in my best interest;
 - d.) my lack of reasonable cooperation such as failing to communicate with The PBP as requested, keep appointments, or return phone calls.
10. I understand that a non-attorney may be working on my case under the direction of an attorney.
11. I understand that any attorney working for The PBP, or with The PBP as co-counsel, or any of its employees, can review my case, work on my case, or attend hearings concerning my case.
12. I understand that The PBP can publicly reveal information about my case, such as my name and information contained in public papers in the court, to third parties. I authorize The PBP to reveal such public information to the press and to others in any manner they believe could make progress in my interest.
13. I agree that to the extent required by law, The Pro Bono Project may have to let auditors and representatives of its funders know my name and see records related to my case. I understand and agree that the information about my case may be shared with other free legal services providers or with social or health services providers to the extent necessary for my representation.
14. When the PBP no longer represents me in this case, it will return my original papers that I provided to the PBP upon my request. I can also request copies of all pleadings, briefs and other legal papers prepared on my behalf, or received from third parties. If I do not request these papers, they may be destroyed after five (5) years with the rest of my file.
15. A volunteer attorney may withdraw for their own personal reasons.

NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

The Pro Bono Project prohibits any discrimination, including any form of sexual harassment, of any employee, qualified applicant for employment, and/or client because of race, national origin, religion, sex, pregnancy, disability, sexual orientation, or age. We treat all staff and clients with respect. We expect our clients to treat staff and volunteers with the same respect. By accepting our representation of your case matter, we extend this non-discrimination and anti-harassment policy to you and reserve the right to deny service to anyone who directs belligerent or disrespectful language or behavior to any of our staff or volunteers.

I ACCEPT THE RETAINER ARRANGEMENT AS SET FORTH ABOVE.

Questionnaires provide staff and volunteers necessary and required information about your case. The following questionnaires are available for a limited number of legal issues. Questionnaires are available for download online or pick-up at our office.

Divorce Questionnaire
Bankruptcy – Consumer Debt Questionnaire
Child Custody Questionnaire
Child Support Questionnaire
Adoption Questionnaire

PLEASE DESCRIBE THE FACTS SURROUNDING YOUR LEGAL ISSUES:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please return completed form to **The Pro Bono Project.**

MAIL: 935 Gravier Street, Suite 1340, New Orleans, LA 70112

FAX: (504) 566-0518

EMAIL: intake@probono-no.org

If you have any questions about this form, please call (504) 581-4043. www.probono-no.org