



The Law Office of Diane Haag, PLLC Client Intake Form

Contact Information:

Name: _____

Address: _____

Phone number (if any): _____

Fax number (if any): _____

E- mail: _____

Preferred means of contact: _____

Employer: _____

Preferred time to contact: Morning () Lunch hour () Afternoon () Evening ()

Name of current spouse/ domestic partner (if any): _____

Legal Needs:

Please describe the nature of representation desired. Include any incident or reason you are seeking representation. Please describe in as much detail as possible. Include names and dates when applicable.

How did you hear about our firm? _____

Are there any deadlines relating to your request for assistance? If so, please list the dates and the nature of the deadlines: _____

If the issue for which you need legal advice involves other people, organizations, or businesses, please list their names here: _____

Has a lawyer worked with you on the matters for which you are seeking representation? _____

If yes please provide the lawyer's name, number, explain the scope of the lawyer's work of the lawyer and the reason(s) the representation ended. _____

**** Please Include any relevant paperwork relating to the representation desired****

I hereby certify that this form has been filled out accurately and completely.

PRO BONO QUALIFICATION FORM

Client Income and Expenses

Number of adults in household: _____ Children: _____

Are you currently employed? Yes No

Where? _____

Total Household Monthly Income (income before taxes and other deductions)

Your Income:

Employment Income \$ _____
Social Security/Disability \$ _____
TANF/Food Stamps \$ _____
Unemployment Income \$ _____
Child Support \$ _____
Pension/Other Income \$ _____

Other Household Income:

Employment Income \$ _____
Social Security/Disability \$ _____
TANF/Food Stamps \$ _____
Unemployment Income \$ _____
Child Support \$ _____
Pension/Other Income \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

Household Assets

Cash on hand (or in bank) \$ _____
Tools/Equipment/Other Asset \$ _____
Home Equity \$ _____
Real Property \$ _____
Auto Equity \$ _____
Total Assets \$ _____

Monthly Household Expenses

Mortgage or Rent Expenses \$ _____
Utilities Child Care/Transportation \$ _____
Child Support Expenses \$ _____
Debt Payments \$ _____
Medical Expenses \$ _____
Other \$ _____
Total Monthly Expense \$ _____

I have read the information about and attest that it is correct to the best of my knowledge, information and belief. By signing below, you understand that no legal advice or information will be provided during your initial intake interview. Completing this intake does not establish an attorney/client relationship. Diane Haag Law is not offering or agreeing to represent you in any legal matter. Assistance is based only on a brief review of the disclosed facts. Diane Haag Law is not responsible for the outcome of your case. It is recommended that you consult with a private attorney prior to the filing of any documents.

Signature: _____ Date: _____