

Name: _____

Street Address: _____ Date of birth: _____

City/State/Zip: _____

Phone number: _____ Email: _____

May we contact you about the services you receive today? Yes No Best time to call: _____

Where did you hear about this clinic? _____

<p><u>U.S. Citizen:</u> Yes No</p> <p><u>Gender:</u> M F _____</p> <p><u>Marital Status:</u> Single Married Divorced Other: _____</p> <p><u>How many adults live in your household?</u> _____</p> <p><u>Children (under 18)?</u> _____</p> <p><u>What is your first language?</u> English Spanish Somali Other _____</p> <p><u>Need interpreter?</u> Yes No Language: _____</p>	<p><u>What is your monthly household income before taxes, including from all persons living with you?</u></p> <p>Employment \$ _____</p> <p>Unemployment Comp. \$ _____</p> <p>Child Support \$ _____</p> <p>Spouse's Income \$ _____</p> <p>General Assistance \$ _____</p> <p>MFIP (cash portion) \$ _____</p> <p>SSI/Social Sec. Disability \$ _____</p> <p>Food Support \$ _____</p> <p>Social Sec. Retirement \$ _____</p> <p>Pension \$ _____</p> <p>Other (specify) \$ _____</p> <p>Other (specify) \$ _____</p>	<p><u>What is your race/ethnicity?</u></p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian-Hmong</p> <p><input type="checkbox"/> Asian-Vietnamese</p> <p><input type="checkbox"/> Asian-Other</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> African-Somali/Oromo</p> <p><input type="checkbox"/> African-other: _____</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Latino-Mexican</p> <p><input type="checkbox"/> Latino-other: _____</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other (specify): _____</p>
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Are you currently represented by an attorney in the matter you are seeking assistance with today? Yes No

Legal Clinic Policies: This clinic is a partnership between Lawyer Referral and Information Services (LRIS) and Volunteer Lawyers Network, Ltd. (VLN). We may provide a short meeting with an attorney, **free of charge**, to talk about a legal matter. The attorney may be able to provide information, advice, brief services, or explain the next steps you may wish to take. The attorney may be helped by non-attorney volunteers under his/her supervision. *This clinic does not provide ongoing services to clients or ongoing legal coaching with respect to a certain matter.* This clinic is not intended as a substitute for having a lawyer represent you. This clinic cannot assist with all matters, especially matters that may be complex or involve large amounts of documentation. With limited exceptions for LRIS, this clinic does not provide advice or other services to persons who are currently represented by an attorney. Priority is given to those who have not been seen at this clinic before. Cell phone use and audio or visual recording of attorney-client sessions is prohibited. LRIS/VLN reserve(s) the right to decline services. VLN does not assist landlords, businesses, or sole proprietors of businesses with business litigation.

Client Agreement: I understand and agree to the following: The attorney I meet with today can provide only legal information, advice and/or brief service related to my legal issue. With the possible exception of brief follow up services that the attorney tells me he or she will do, the attorney will not provide ongoing legal service beyond that provided onsite today. I am still responsible for pursuing my legal matter and for taking any post-clinic follow up actions recommended by the attorney (e.g., serving other parties, filing paperwork in court, preparing other paperwork, and appearing in court). While the other party may be represented by this attorney's law firm now or in the future, what I tell the attorney today is confidential. I give my informed consent for my information to be shared between LRIS & VLN and with others as needed. I am not now represented by another attorney regarding the matter that I am seeking help with today.

Client signature

Date

Legal Access Point Clinic

Date:

Time:

Description of what you want a lawyer to do for you today:

Opposing Party Name(s): _____

Amount at Issue: _____ County of venue of legal action: Hennepin Other: _____

Area of Law (check the ONE area that best describes):

<input type="checkbox"/> Housing (Tenant)	<input type="checkbox"/> Employment	<input type="checkbox"/> H.R.O./O.F.P.	<input type="checkbox"/> Negligence/P.I./Other Tort
<input type="checkbox"/> Housing (Landlord)	<input type="checkbox"/> Unemployment Ben.	<input type="checkbox"/> Wills or Probate	<input type="checkbox"/> Consumer Debt Dispute
<input type="checkbox"/> Security Deposit Claim	<input type="checkbox"/> Wage Claim	<input type="checkbox"/> Guardianship/Conserv	<input type="checkbox"/> Garnishment Exemption Claim
<input type="checkbox"/> Eviction Expungement	<input type="checkbox"/> Crim Expungement	<input type="checkbox"/> Car Title	<input type="checkbox"/> Contract Dispute
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Civil Rights/Discrim	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Public Benefits	<input type="checkbox"/> Conciliation Court	<input type="checkbox"/> Collecting on Judgment
<input type="checkbox"/> Family Law Issue	<input type="checkbox"/> Criminal/Traffic	<input type="checkbox"/> Concil. Court Appeal	<input type="checkbox"/> No Legal Issue
<input type="checkbox"/> Child Protection	<input type="checkbox"/> Juvenile Delinquency	<input type="checkbox"/> Civil Lawsuit	<input type="checkbox"/> Other _____

Who Provided the Service

Attorney (Print full name):

Clinic Assistant:

Language Information (if applicable)

If client spoke other language, who interpreted: Family member VLN volunteer: _____
 Meeting was conducted in English Language Line/OPI Other: _____

Service Provided

<input type="checkbox"/> Made phone call	<input type="checkbox"/> Wrote draft language to insert on form	<input type="checkbox"/> Legal advice
<input type="checkbox"/> Negotiated w/ a party	<input type="checkbox"/> Assisted with drafting Pleading or Court Form	<input type="checkbox"/> Advised not a legal issue
<input type="checkbox"/> Drafted/sent letter/docs	(e.g., Answer, Complaint, IFP, Garnishment Exemption)	<input type="checkbox"/> Advised no merit to issue
<input type="checkbox"/> Served legal docs	Specify: _____	<input type="checkbox"/> Referral

Details of Service Provided:

Time Spent with Client: _____

Will you or a colleague provide any follow up service? Yes No Summer Associate

If yes, please provide details

Referral to:

Follow up call by VLN staff recommended

<input type="checkbox"/> VLN – 612-752-6677	<input type="checkbox"/> Self Help Center	<input type="checkbox"/> LRIS - 612-752-6666	<input type="checkbox"/> Legal Rights Center
<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Family Self-Help Center	<input type="checkbox"/> Low Fee Family Law Program	<input type="checkbox"/> Conciliation Court Clinic
<input type="checkbox"/> HOME Line	<input type="checkbox"/> Housing Ct. Project	<input type="checkbox"/> Misdemeanor Defense Proj.	<input type="checkbox"/> Other (specify):

