

CLIENT INTAKE FORM

Client # _____

Date of Call: _____

Have you tried Legal Aid? Yes No
 Denied Financial Problem Type Appt Pending

Appointment: _____
 Appointment: _____

CONTACT INFORMATION

*First Name: _____ *Middle Name: _____ *Surname: _____

*Address: _____

*Occupation: _____
 *Employer: _____
 *Address: _____

*Phone number: _____

*Phone Number: _____

Date of Birth: _____

Marital Status: _____

Is it okay to call and identify ourselves and send mail to your address? Yes No Male Female

Who Referred You: _____

Evaluation completed

***Required by the Alberta Law Society before legal assistance can be given**

OPPOSING PARTY INFORMATION

Name: _____ Date of Birth: _____

Name of Counsel: _____ Firm: _____

Description of Problem: _____

FINANCIAL INFORMATION

Line 150 on your most recent income tax return: \$ _____

Source of Income	Yourself	Spouse/Commonlaw Partner
Employment		
Social Assistance		
Disability		
Employment Insurance		
AISH		
Support (child/spousal)		
Pension		
Other		
Value of Assets		
Home/Land		
Vehicles		
Investments		
Money in Bank		
Other		
Major Debt		
Mortgage		
Loans		
Maintenance Arrears		
Other		

Is there any other financial information you feel we should know? _____

DEPENDANTS/DISABILITIES

Children under 18: Living with you: ____ Not living with you: ____ Ages: _____

Do you have a dependant Adult living with you?:____ Income: _____ Payments made to you: _____

Does a physical or mental disability stop you from dealing with matters on your own? Yes No

If yes, please describe disability or condition: _____

VOLUNTARY INFORMATION

We are a non-profit, charitable organization dependent on grants and donations to cover our operating costs. To maintain funding, we must know the demographic make-up of our clients. We ask for your help by answering the following questions. Choosing not to provide this information will not affect your eligibility for services.

Highest level of education attained?_____ Country of Birth?_____

Principal language spoken at home? _____ Are you of Aboriginal Origin? Yes No

PLEASE READ AND SIGN WAIVER

WAIVER

TO: COMMUNITY LEGAL CLINIC, Red Deer, Alberta

In coming here for advice, I clearly understand:

1. The evening legal clinic is staffed by volunteer lawyers, articling students, and law students under the supervision of the Community Legal Clinic. Law students or articling students do not hold themselves out to be lawyers.
2. The volunteers will assist as much as they are able. I understand in some situations CLC may be able to provide help beyond the free appointments. **If there is further help by CLC staff, a \$_____ fee** will be charged to cover administration costs. I will also be responsible for all expenses Community Legal Clinic incurs such as courier or long distance telephone calls.
3. Community Legal Clinic will keep all information given by me confidential. The Clinic will use the information collected about me to provide demographic statistics to funders. Neither my name or any of the information that can identify me will ever be disclosed.
4. Community Legal Clinic, its staff, and its volunteers cannot be held liable for any loss or damage that may happen during my interview, the follow-up or any other cause.

I have read the four paragraphs above and fully understand them. I hereby expressly waive any right or legal action I might otherwise have against the volunteer advising me and against Community Legal Clinic. I hereby certify that the above information regarding my financial and personal situation is true and complete.

Client's Signature: _____ Witness: _____

Client's Name: _____ Date: _____