

To ensure malpractice coverage, return this page **immediately** after intake to:  
**email:** kkoester@cvls.org | **fax:** 312-332-1460 | **online:** www.cvls.org/intake

### Clinic Info:

Clinic Name \_\_\_\_\_ Date \_\_\_\_\_

Paralegal \_\_\_\_\_ Attorney \_\_\_\_\_

### Client:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Zip Code \_\_\_\_\_

Gender  Male  Female  Transgender  Non-Binary

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_ Last 4 digits \_\_\_\_\_

### Adverse Party

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_ Last 4 digits \_\_\_\_\_

Attorney's Name \_\_\_\_\_

Attorney's Phone \_\_\_\_\_

### Financial Eligibility (Total gross monthly income of ALL household members - indicate amount & source)

Employment \$	Unemployment Comp \$	Number of people in client's household
Public Assistance \$	Social Security / SSI \$	Over 18 years old
Other \$	None. Explain source of support:	Under 18 years old
Specify		Total
Less \$	for Special Expenses = Total \$	Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Client Demographics

Client is  White  Black  Hispanic  Native American  
 Asian  Pacific Islander  Other  Two or More

Country of birth \_\_\_\_\_

Is client disabled?  Yes  No

Have you or your family been impacted in any way by incarceration?  
 Yes  No

Client's main language (if not english) \_\_\_\_\_

Interpreter Name \_\_\_\_\_ Phone \_\_\_\_\_

### US Military Service of Potential Client

Active  Veteran  Spouse of  Dependent of

Was veteran discharged by "Bad Conduct" or "Dishonorable"?  
 Yes  No If yes, use CVLS General Financial Guidelines  
 If no, use IL-AFLAN Financial Guidelines

### Case Status Information (must be completed)

- Open - Retained case for additional services  
(Follow up, conflicts check, possible representation, etc.)
- Close - Advice & service given at clinic, close case
- Referral to CVLS - Volunteer or other clinic attorneys are unable to provide service to client

How much time did you spend on the case? \_\_\_\_\_

Who much would you have charged this client for this work? \_\_\_\_\_

### Case Type

Court Case # \_\_\_\_\_

Case Code \_\_\_\_\_ See reverse for code #

Description \_\_\_\_\_

## Case Codes

### Administrative

11 Education  
291 Pension  
510 Medicaid  
520 Medicare  
72 Social Security Retirement  
730 Food Stamps  
74 Social Security Disability  
75 SSI  
760 Unemployment  
770 Veterans Benefits  
910 Incorporation/Nonprofit  
99 Tax

### Consumer/Contract

011 Chapter 7 Bankruptcy  
022 Collection  
031 Contracts  
070 Utilities  
091 Insurance  
093 Other Consumer

### Family

301 Adoption  
311 Custody  
312 Visitation  
316 Custody Modification  
320 Divorce, Petitioner  
328 Divorce, Modification  
329 Divorce, Respondent  
340 Name Change  
361 Paternity, Petitioner  
363 Paternity, Respondent  
385 Support (initial, non-divorce)  
393 Other Family

### Immigration

810 Immigration/Naturalization  
8118 Special Immigrant Juvenile Status  
811 Adjustment of Status  
816 U Visa  
818 VAWA  
819 Detained Immigrant Bond Hearing

### Miscellaneous

989 Criminal  
999 Other Miscellaneous

### Probate

320 Guardianship of Minor  
821 Guardianship of Disabled Adult  
957 Decedent's Estate  
959 Other Probate  
961 Wills/Trust  
965 Powers of Attorney

### Real Estate

621 Deed/Title  
629 Other Real Estate  
633 Eviction  
634 Security Deposit  
638 Other Landlord/Tenant  
671 Foreclosure

### Tort

941 Tort, Defendant  
942 Tort, Plaintiff