

# CVLS Clinic

## Referral Packet

To include:    Client Intake Form  
                    Case Memo  
                    Questionnaire and/or Notes  
                    ALL relevant case documents from client  
                    Client Disclaimer

# CVLS INTAKE FORM

DATE \_\_\_\_\_

**TO ENSURE MALPRACTICE COVERAGE, RETURN THIS PAGE IMMEDIATELY AFTER INTAKE TO:**  
CVLS@CVLS.ORG or FAX 312-332-1460 or SUBMIT ONLINE INTAKE at **WWW.CVLS.ORG/INTAKE**

## INTAKE PERSONNEL

PARALEGAL \_\_\_\_\_ ATTORNEY \_\_\_\_\_ CLINIC NAME \_\_\_\_\_

### CLIENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_ (last 4 digits)

### ADVERSE PARTY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_ (last 4 digits)

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

Attorney's Phone: (\_\_\_\_) \_\_\_\_\_

## FINANCIAL ELIGIBILITY

Total # of people in client's household \_\_\_\_\_

Total gross monthly income of all household members - indicate amount & source:

\$ \_\_\_\_\_ Employment  
\$ \_\_\_\_\_ Public Assistance  
\$ \_\_\_\_\_ Other  
(Specify): \_\_\_\_\_

\$ \_\_\_\_\_ Unemployment Comp.  
\$ \_\_\_\_\_ Social Security / SSI  
\$ \_\_\_\_\_ None. Explain source of Support:  
\_\_\_\_\_

Less: \$ \_\_\_\_\_ for Special Expenses = TOTAL: \$ \_\_\_\_\_ ELIGIBLE ? Y N

## IMPORTANT CLIENT INFORMATION

CASE CODE \_\_\_\_\_ (See reverse for code#)

Description \_\_\_\_\_

COURT CASE # \_\_\_\_\_

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

Client is: \_\_\_ Male \_\_\_ Female \_\_\_ Transgender \_\_\_ Other

Disabled? \_\_\_ Y \_\_\_ N Client's birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

### 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 this case? \_\_\_\_\_

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

## 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  
810 Immigration  
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

### MISCELLANEOUS

989 Criminal  
999 Other Miscellaneous

### PROBATE

330 Guardianship of Minor  
821 Guardianship of  
Disabled Adult  
957 Decedent's Estate  
959 Other Probate  
961 Wills / Trusts  
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



33 N. Dearborn St.  
Suite 400  
Chicago, IL 60602

## CASE MEMO

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Interviewer:

Date:

Case Type: **DIVORCE**

Case Status:

Case No (if pending):

Next Court Date:

**Client:**

Address:

Age:

Income:

Source:

Phone:

**Child(ren):**

Birthdate:

**Adverse Party:**

Address:

Phone:

Age:

Income:

Source:

**Adverse Atty:**

Address:

Phone:

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**BRIEF CASE SUMMARY (2-3 sentences):**

**DETAILED FACTS:**

DIVORCE INTAKE QUESTIONNAIRE

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Clinic: \_\_\_\_\_

CLIENT M/F

SPOUSE

NAME \_\_\_\_\_

\_\_\_\_\_

Current or Last Known Address: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Date & State of Birth: \_\_\_\_\_

Length of Residence in IL: \_\_\_\_\_

\_\_\_\_\_

Race \_\_\_\_\_

Amount & Source of Income: \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Employer - Name, Address & Phone: \_\_\_\_\_

\_\_\_\_\_

Department/Hours Worked \_\_\_\_\_

\_\_\_\_\_

Income (Gross & Net) \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_

1st, 2nd, etc Marriage/How others ended \_\_\_\_\_

\_\_\_\_\_

Level of Education \_\_\_\_\_

\_\_\_\_\_

FOUNDATIONS: Provide facts & dates where applicable

Mental Cruelty \_\_\_\_\_

Physical Cruelty (need 2 dates) \_\_\_\_\_

Desertion (Respondent must have left at least 1 yr ago) \_\_\_\_\_

Irreconcilable Differences (requires 2 year separation unless *both parties* sign stipulation reducing to 6 month separation) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ City, State \_\_\_\_\_ County \_\_\_\_\_ Date of Last Separation \_\_\_\_\_

Are you (or wife) pregnant? \_\_\_\_\_

Children born to or adopted by the Parties:

Name	Address	Age/Date of Birth	Social Sec. #

If either party has other children not listed above, provide names, addresses, birth dates & name of parent below:

\_\_\_\_\_  
\_\_\_\_\_

Special needs of children? (medical, educational, etc.)

\_\_\_\_\_

Property: Real Estate \_\_\_\_\_ Joint Tenancy Y/N

Current approximate net equity in property

Other property (describe, in whose name/possession)

\_\_\_\_\_  
\_\_\_\_\_

Debts (List creditor, amount, account number & who incurred)

\_\_\_\_\_  
\_\_\_\_\_

ALL Existing or past family law cases involving parties (i.e. child support, Order of Protection)(include case no's)

\_\_\_\_\_  
\_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_ Does wife want to resume? Y/N

What does client want?

\_\_\_\_\_  
\_\_\_\_\_

What does client think spouse will want/contest?

\_\_\_\_\_  
\_\_\_\_\_

Where should Respondent be served & what are the best times for service?

\_\_\_\_\_

Does client qualify for a CLSP fee waiver? (Income 125% or less than federal poverty guidelines) \_\_\_\_\_

If no, client has been instructed to pay \$\_\_\_\_\_ in court costs.

# COPIES OF CLIENT DOCUMENTS



*Because equal access to justice is everyone's fight*

Date: \_\_\_\_\_

Client name(s): \_\_\_\_\_ Case type: \_\_\_\_\_

(1) You were interviewed today by \_\_\_\_\_ at the \_\_\_\_\_ Legal Clinic. This was to get information to help us decide whether a Chicago Volunteer Legal Services Foundation volunteer attorney may be able to represent you.

**CVLS HAS NOT AGREED TO REPRESENT YOU.**

- I am reviewing your case and you should hear from me within (3) weeks. If you have not heard from me after three weeks, call CVLS at (312) 332-7521.
- You were given advice at your interview, and this was the only assistance you needed. We are closing your file.

(2) **Before** we can determine whether we can look for an attorney for you, CVLS needs:

- Court costs totaling \$ \_\_\_\_\_.

*Note: CVLS does not accept personal checks. Make a money order out to "CVLS" and mail it to CVLS, 33 N. Dearborn St., Suite 400, Chicago, IL, 60602. Put the name of the person who interviewed you on the envelope.*

- The following information should be faxed to: Attn: Kathy Koester at 312-332-1460 Or emailed to kkoester@cvls.org, or mail copies to Chicago Volunteer Legal Services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) If you have a court date, you **MUST** attend on your own. Tell the Judge you are trying to find an attorney, and ask for a continuance of your case. We cannot guarantee that a Judge will give you a continuance. If you do get a continuance, call Ms. Koester at (312) 332-7521 and let her know the next court date.

(4) If after your interview you move, change your phone number, or receive any court papers, call Ms. Koester at (312) 332-7521 immediately so that your case and contact information is up-to-date.

**VOLUNTEERS: COPY THIS LETTER FOR THE FILE**