CHICAGO VOLUNTEER LEGAL SERVICES

CLINIC INTAKE FORM

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:

REQUIRED

- Name
- Date of Birth
- Zip Code
- Gender ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary
- Street Address
- City State
- Phone Mobile ☐ Consent to text
- 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? ☐ Yes ☐ 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 (does client speak 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?
- How much would you have charged this client for this work?

Case Type

- **Court Case #**
- **Case Code** See reverse for code #
- Description

rev 020521

Chicago Volunteer Legal Services
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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