CHICAGO VOLUNTEER LEGAL SERVICES

Because equal access to justice is everyone's fight

Today's Date:

Legal Screener Name:

GENERAL CLIENT QUESTIONNAIRE
PLEASE COMPLETE *ALL* INFORMATION, IF POSSIBLE

CLIENT

Name:

Address:

Age: Home Telephone: Mobile: Work:

Email: Household Income: per month. Source

ADVERSE PARTY AND ATTORNEY (IF REPRESENTED)

Name(s):

Address(s):

Telephone(s):

Email(s):

☐ *Additional adverse parties and their attorneys on reverse*

COURT CASE

List ALL pending cases, if any.

Type of Complaint Filed:

Next Court Date(s): **Court Case Numbers(s):**

WHEN WAS THE COURT CASE FILED? SOL Defense? ☐ Y ☐ N

Has Client filed an **APPEARANCE** or **ANSWER**? ☐ Y ☐ N ☐ Default Order Entered:

Date of Default:

Expected purpose of next court date:

The client must provide a copy of 1) all pleadings filed, and orders entered, in their case; 2) all documents, records, etc. relevant to their case.

What is Client's claim or defense?

What is Client's relief sought:

What is Adverse Party's claim or defense:

What is Adverse Party's relief sought:

Witnesses and information to provide:

MEMORANDUM OF CASE

BRIEF SUMMARY: Why has PC contacted CVLS? What does PC ultimately want?

DETAILED SUMMARY:

Please provide a detailed description of the client's legal matter. This summary may include a timeline of events, the parties involved, and your opinion on whether the client would be an appropriate pro bono client. (Organized, sympathetic, difficult).

UPCOMING COURT DATES OR COURT ACTIVITY:

INTERVIEWER NOTES/ADDITIONAL INFORMATION: