

CLINICAL PROGRAMS CASE OPENING FORM

Email this form to jluke@suffolk.edu so the case can be opened in Clio.

Save a copy for case file.

DATE: / /
MM DD YY

SUPERVISOR:**CLINIC/PRACTICE AREA:**

STUDENT ATTY(s):

CONFLICT CHECK (MUST complete before case will be opened)

Conflict Check Completed <input type="checkbox"/>	Conflict Check Results Attached <input type="checkbox"/>
Date of Conflict Check	Description of Results:
Case approved to be opened <input type="checkbox"/>	<hr/> (Supervisor's Signature - REQUIRED)

MATTER/CASE INFORMATION

Case Name (“Description” in Clio):	Judge/ ALJ:
Court/Agency:	Court/Agency Docket #
Referral Source:	Scope of Representation:
Clinic-specific Case Type (see Clio Matter form for choices):	
Brief Case Synopsis:	

CLIENT INFORMATION (Contact to be entered Administratively)

Name:		Gender Expression:		Date of birth: ____/____/____ MM / DD / YY	
Title (if app.):		Company (if app.):			
Other Names/ Aliases:		Marital Status:			
Street Address:		City/Town:	Zip Code:	Public Housing? Y / N	
Phone #:	Alternative #:	Alternative #:			
Interpreter Needed? Y N	Primary Language(s):	Race/ Ethnicity:			
U.S. Immigration Status:	Email:				
Household Monthly Income:		Sources of Income:			
Number of People in Household		Number of Dependents:			
Additional Notes:					

OPPOSING PARTY INFORMATION (Contact to be entered Administratively)

Name:		Gender Expression:		Date of birth: ____/____/____ MM / DD / YY	
Title (if app.):		Company (if app.):			
Other Names/ Aliases:					
Street Address:		City/Town:	Zip Code:		

Phone #:	Alternative #:	Alternative #:
Interpreter Needed? Y N	Primary Language(s):	Email:
Additional Notes:		

OTHER RELEVANT CONTACTS (*MUST be entered BY STUDENT - e.g. family, witnesses, opposing party, etc.)

Name:	Relation (e.g. family, O.P., witness, etc.):
Email:	Phone #:
Address: () Same as client	City/Town:

Name:	Relation (e.g. family, O.P., witness, etc.):		
Email:	Phone #:	Alternative #:	
Address: () Same as client	City/Town:	State:	Zip Code:

Name:	Relation (e.g. family, O.P., witness, etc.):		
Email:	Phone #:	Alternative #:	
Address: () Same as client	City/Town:	State:	Zip Code:

Name:	Relation (e.g. family, O.P., witness, etc.):		
Email:	Phone #:	Alternative #:	
Address: () Same as client	City/Town:	State:	Zip Code: