CLINICAL PROGRAMS CASE OPENING FORM

(Original Form in File -- Copy to Administrator for Opening in Clio)

DATE: ___/ ___/ ____   **SUPERVISOR:**
      MM   DD   YY

CLINIC/PRACTICE AREA: **STUDENT ATTY(s):**

CONFLICT CHECK (<u>MUST</u> complete before case will be opened)

Conflict Check Completed ☐	Conflict Check Results Attached ☐
Date of Conflict Check	Description of Results:
Case approved to be opened ☐	_____ **(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 <u>CONTACTS</u> (*MUST be entered <u>BY STUDENT</u> - 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: