



Office Use: JS#: _____

Courtroom: _____

Attorney Spoken With: _____

CITIZENSHIP STATUS

I am a citizen of the United States. _____

Signature _____

Date _____

We may be able to assist you if you are not a U.S. citizen. Please talk to an LLA staff member about eligibility.

CLIENT INFORMATION

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

Alias(es) or Former Name(s): _____

Phone#: _____ Phone type: ☐ Mobile ☐ Home ☐ Work ☐ Friend's Phone

Safe to Call? ☐ Yes ☐ No Safe to leave voicemail? ☐ Yes ☐ No Safe to text you? ☐ Yes ☐ No

Street Address: _____ City/State: _____

Zip Code: _____ Is it safe for us to mail documents to this address? ☐ Yes ☐ No

Email: _____ Is it safe for us to email you? ☐ Yes ☐ No

Who referred you to Lakeshore Legal Aid? _____

LEGAL ISSUE INFORMATION

Describe your legal problem: _____

Court: _____ Case Number: _____

Any important dates coming up in your case? ☐ Yes: _____ ☐ No

Other/opposing party's name: _____

First, Middle and Last Name -OR- Company Name

Has this person been known by other names? ☐ Yes: _____ ☐ No

Other party's DOB: _____ Other party's address: _____

CLIENT FINANCIAL DETAILS

Please list the number of people in your household: Adults: _____ Children: _____

Please list all sources of household income below including employment, support, pension, SSA/SSI/SSD, cash assistance, etc.

If you or another adult in the household have no income, please also indicate that below.

Your gross income: \$ _____ ☐ hourly: _____ # of weekly hours ☐ p/wk ☐ every 2 weeks ☐ p/mo ☐ p/yr

Source (employment/support/etc): _____

Other gross income: \$ _____ ☐ hourly: _____ # of weekly hours ☐ p/wk ☐ every 2 weeks ☐ p/mo ☐ p/yr

Source(s): _____ Name of whose income this is: _____

Names of other adults in household	DOB and Relationship(s) to you:	Income included above?
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

Is your income likely to change soon? ☐ No ☐ Likely to increase (describe) ☐ Likely to decrease (describe)

Prospects for increased/decreased income: _____

VALUE OF YOUR CURRENT ASSETS (List \$0 if none – do not leave blank)

Cash/Checking/Savings: \$ _____ Stocks/Bonds/CDs/Trusts/Life Ins: \$ _____
 Personal Property/Extra Car: \$ _____ Real Property (not primary residence): \$ _____
 Valuable asset(s) that can be converted to cash: \$ _____

Public Benefits: ☐ Medicaid ☐ Food Assistance ☐ Cash Assistance ☐ None Amount: \$ _____

Do you own the home you live in? ☐ Yes ☐ No Identify home & estimated value: \$ _____

Any property that produces income? ☐ Yes ☐ No Identify property & estimated value: \$ _____

Other assets exempt from attach by law (pension funds, IRA, 401k, 403b, etc.)? ☐ Yes (list below) ☐ No

List assets and the value of each: _____

Do you have a vehicle(s) that you use for transportation? ☐ Yes (list below) ☐ No

List vehicles and estimated value of each: _____

EXPENSES (Type and monthly amount, ex. work uniform, medical insurance premiums or co-pays)

Rent/Mortgage: \$ _____ For: _____

Work Related: \$ _____ For: _____

Medical: \$ _____ For: _____

Fixed debts (garnishment): \$ _____ For: _____

Current taxes: \$ _____ For: _____

Non-medical age/health: \$ _____ For: _____

Car payment/insurance: \$ _____ For: _____

Child/spousal support payment: \$ _____ For: _____

Child care: \$ _____ For: _____

Student loan: \$ _____ For: _____

CLIENT DEMOGRAPHICS

Gender: ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ Non-binary/Non-Conforming
☐ Category not listed ☐ Prefer not to say

Pronouns: ☐ He/him/his ☐ She/her/hers ☐ They/them/theirs ☐ Xe/xem/xyr ☐ Ze/zir/zir
☐ Another not listed ☐ Prefer not to say

LGBTQIA+ Status: ☐ Straight/Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Another not listed ☐ Prefer not to say

Primary language: ☐ English ☐ Spanish ☐ Arabic ☐ ASL ☐ Other: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Partnered

Are you: ☐ Latinx ☐ Non-Latinx

Ethnicity/Ethnicities: ☐ White ☐ Black ☐ Latinx ☐ Native American ☐ Asian ☐ Pacific Islander
☐ Middle Eastern ☐ Another Ethnicity Not Listed: _____

Tribal Affiliation: ☐ Yes: _____ ☐ No

Type of housing: ☐ House ☐ Apt. ☐ Mobile Home ☐ Friend/Family ☐ Shelter ☐ Condo ☐ Other _____

Do you: ☐ Own or ☐ Rent Have lead paint? ☐ Yes ☐ No Any foreclosure risk? ☐ Yes ☐ No

Do you receive a subsidy? ☐ Yes ☐ No

Do you have any disabilities? ☐ Yes ☐ No If yes, disability description: _____

Are you a veteran? ☐ Yes ☐ No Is anyone else in your household a veteran? ☐ Yes ☐ No

Domestic Violence? ☐ Yes ☐ No

Elder abuse? ☐ Yes ☐ No

If yes, type: ☐ Physical ☐ Sexual ☐ Emotional ☐ Verbal ☐ Stalking ☐ Financial Abuse

Has your household experienced a COVID Hardship? ☐ Yes ☐ No Describe: _____