

CLINICAL PROGRAMS CASE OPENING FORM
(Original Form in File -- Copy to Administrator for Opening in Clio)

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