

Restoring Justice Intake Form

Case #: _____ Client #: _____ Start Date: _____ Close Date: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date: _____ SS#: _____ U.S. Citizen: Yes / No

Gender: ☐ Male ☐ Female TX ID / Driver's License: _____

RESIDENCE INFORMATION

Address: _____ Height/Weight: _____

City: _____ In Custody: Y/N

State: _____ Zip: _____ If Yes Location: _____

County: _____ Adelphoi: Y/N Name: _____

Total Rent: _____ ☐ Utilities Included? ☐ Is your rent subsidized? ☐ Are you a single parent?

CONTACT INFORMATION

Home ph #: _____

Work: _____

Cell: _____

Other: _____

Marital Status:

- ☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widow
☐ Common Law

Language:

- ☐ Spanish
☐ English
☐ Bilingual
☐ _____
☐ _____

Ethnicity:

- ☐ Hispanic/Latino
☐ African American
☐ White/Non-Hispanic
☐ Asian
☐ _____

Personal Email: _____

Other Email: _____

EMPLOYMENT INFORMATION

☐ **Employed** - How Long: _____ Employer: _____ Occupation: _____

☐ **Unemployed** - How Long: _____ ☐ **Retired** - How Long: _____ ☐ Housewife

EDUCATION INFORMATION

Have you attended school?: ☐ YES ☐ NO School: _____ Last Grade: _____

Graduated: ☐ Yes ☐ No ☐ Elementary (0-8) ☐ High School/GED ☐ Attend College ☐ Technical School

☐ Associate Degree ☐ Bachelor Degree ☐ Master Degree ☐ PHD ☐ _____

Certification: _____

INCOME INFORMATION

Are you head of household? ☐ Yes ☐ No Monthly Income: _____

Other Income: _____ Spousal Support: _____ Worker's Comp: _____

Child Support: _____ TANF: _____ SSI: _____

Unemployment: _____ Social Security: _____ Other: _____

Do you need: clothing, personal care items, transportation assistance,

HEALTH INSURANCE INFORMATION: Do you have health insurance? ☐ Yes (Select Below) ☐ No

☐ Private Insurance ☐ Medicaid ☐ Medicare ☐ Chip ☐ Gold Card ☐ WIC

Do you receive Food Stamps? ☐ Yes ☐ No If yes, how much? _____

If No, why not? ☐ Do not qualify ☐ Have Not Applied ☐ Application in Process ☐ Need Help Applying

SUBSTANCE USE:

Do you use drugs or alcohol? ☐ Yes ☐ No If yes, what and how much? _____

Do you want treatment? ☐ Yes ☐ No Notes: _____

Treatment History: _____

LEGAL INFORMATION

Case #: _____

Mental Competency: Y/N

File Date: _____

Prior Attorney Name: _____ Prior Attorney Caseload: _____

Charge: _____ Degree: _____ Punishment Range: _____ Disposition: _____

Charge: _____ Degree: _____ Punishment Range: _____ Disposition: _____

Charge: _____ Degree: _____ Punishment Range: _____ Disposition: _____

Charge: _____ Degree: _____ Punishment Range: _____ Disposition: _____

Charge: _____ Degree: _____ Punishment Range: _____ Disposition: _____

Current Court: _____

Court Address: _____

Judge Name: _____

Court Type: _____

Case Completion Date: _____

Defendant Status: _____

Bond Amount: _____

Next/Last Settling Date: _____
