

Site: _____
Interviewer: _____

Put Something Back

Intake Work Sheet

____ C&A ____ RALA
Case Type: _____
Income Verification Date
Received: _____

Last Name: _____ First Name: _____ Middle Init. (Mr. / Ms.) _____

Maiden Name: _____

Street Address: _____

Apt/Bldg. No. _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell phone: _____

Social Security# _____ Today's _____ Age: _____ D.O.B.: _____
if you have one: _____ Date: _____

Ethnicity

(Please check)

- Asian
- African American
- Hispanic
- Native American
- Pacific Islander
- White
- Other

Marital

(Please check)

- Divorced
- Married
- Separated
- Single
- Widow
- Widower

Education

(Please check)

- High School Graduate
- College Graduate
- Graduate School
- Unknown
- Last Grade Completed: ____

Employment

(Please check)

- Full time
- Part Time
- Retired
- Unemployed

How did you hear about Put Something Back? _____

G r o s s P e r M o n t h

Rent/Mortgage : \$ _____
Utilities : \$ _____
Medical : \$ _____
Child Care : \$ _____
Food : \$ _____
Transportation: \$ _____
Other Expenses: \$ _____
Equity in Realty : \$ _____
Equity in Auto : \$ _____
Stocks, Bonds, CD's: \$ _____
Checking : \$ _____
Savings : \$ _____

Client Income : \$ _____
SSI: \$ _____
Social Security: \$ _____
AFDC: \$ _____
Welfare: \$ _____
Retirement: \$ _____
VA: \$ _____
Unemployment: \$ _____
Child Sup./Alimo \$ _____
Food Stamps: \$ _____
Spousal Income: \$ _____
Other Income: \$ _____
Client Total: \$ _____

Total number in household: _____

Total number of dependents: _____

WHAT IS YOUR LEGAL PROBLEM? _____

Do you need special accommodations to participate in this program ? Yes ___ No ___

Language Spoken:

Client Party:

Creole French Hebrew Portuguese Spanish
 English German Italian Russian

Plaintiff
 Defendant

Benefits / Defense

Social Security
 Social Security Disability
 Veterans Benefits

Consumer /Finance

Bankruptcy Ch. 7
 Bankruptcy Ch. 13
 Collection
 Contracts
 Warranties
 Liens
 Loans O/T Collections
 Unfair Sales Practice
 License (Auto/Other)
 Education Loans/Student Financial Aid
 Taxation

Corporations

Non-Profit Incorporations
 Start Ups

Employment

Job Discrimination
 Wage Claim

Family

Adoption
 Custody
 Contested Divorce
 Uncontested Divorce
 Name Change
 Paternity
 Support Modification
 Visitation
 Domestic Violence

General Civil

General Civil Issues
 Insurance

Health

Health Insurance
 Health Related Matters

Housing/Real Estate

Deeds
 Landlord Tenant
 Mortgage Foreclosure
 Zoning

Probate

Will Drafting
 Guardianship
 Probate of Will or Intestate

Client Employer: _____

Phone: _____

Client Employer _____

Phone: _____

Deadlines: _____

Other Party: _____ Opposing Counsel: _____

General Comments:

In accordance with the Americans with Disabilities Act of 1990, persons needing a special accommodation should contact the ADA Coordinator, Eileen Coto, 305-579-5733x2240, ecoto@dadelegalaid.org; located at 123 NW First Avenue, Miami, FL 33128 no later than five days prior to the appointment. If hearing impaired you may call our TTY number TTY: 305-579-1001 or the Florida Relay Service telephone number, 1-800-955-8771 for assistance.

Documents Attached:

For office use only:

Referred By _____

Referred To _____

Closed ___ / ___ / ___

Disposition _____

Hours _____

Accept / Reject

Reason:

PUT SOMETHING BACK

A Joint Pro Bono Project of the Eleventh Judicial Circuit and the Dade County Bar Association

It is understood that:

1. This is a project of the Courts and Dade County Bar Association to provide access to justice to those who meet the Federal Poverty Guidelines and have a civil legal problem in a qualifying area. This is not a law firm, but a referral service.
2. If you meet program guidelines, you may be referred to a volunteer attorney who may handle your case for free. You understand and agree that you are responsible for all costs incurred or involved with your case, such as depositions, expert witnesses, translators, court reporters, long distance phone calls, parking, etc.
3. The project does not guarantee a referral and cannot accept all cases. The project does not accept criminal, traffic or small claims cases, cases where you are suing someone for money or other civil cases if the project does not have an attorney available. If your case needs attention within 21 days of intake, the project will not be able to take your case. The project is unable to accept emergency cases.
4. If you misrepresent your income or nature of your case you may be rejected by the referral attorney and subject to a fine. If your economic circumstances change at any time you must notify the attorney and the project immediately.
5. You are responsible for handling your case and protecting your legal rights until or unless a volunteer attorney from the project accepts your case and responsibility for it. **The project does not represent you and takes no responsibility for your case.**
6. The opposing party in your case may be referred to a pro bono attorney by this program.

I have read the above and understand it.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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