

Put Something Back Intake Sheet

Accepted _____ Case Type
 C & A _____ Legal Code
 RALA _____ Referred to

Scanned _____ Intake Date _____ Case ID #
 _____ Interviewer

Name: _____ Middle: _____ Last Name: _____

Address: _____ Zip Code: _____ City: _____

Phone: (_____) _____ - _____ Email: _____

Social Security # _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____

Language: _____ if not English, do you speak English? Yes or No Referred by: _____

- | | | | |
|--|---------------------------------|--|----------------------------------|
| Are you: | Marital | Education | Employment |
| <input type="radio"/> Asian American | <input type="radio"/> Divorced | <input type="radio"/> High School Graduate | <input type="radio"/> Full Time |
| <input type="radio"/> African American | <input type="radio"/> Married | <input type="radio"/> College Graduate | <input type="radio"/> Part Time |
| <input type="radio"/> Hispanic | <input type="radio"/> Separated | <input type="radio"/> Graduate School | <input type="radio"/> Retired |
| <input type="radio"/> White American | <input type="radio"/> Single | <input type="radio"/> Unknown | <input type="radio"/> Unemployed |
| <input type="radio"/> Other: _____ | <input type="radio"/> Widow/er | <input type="radio"/> Other: _____ | <input type="radio"/> Disabled |

Monthly Expenses:		Monthly Income before Taxes	
Rent/Mortgage	\$ _____	Client's Employment:	\$ _____
Utilities	\$ _____	Child Support/Alimony:	\$ _____
Medical	\$ _____	Food Stamps or Public Assistance:	\$ _____
Child Care	\$ _____	SSI Disability	\$ _____
Food	\$ _____	Social Security:	\$ _____
Transportation	\$ _____	Retirement	\$ _____
Other:	\$ _____	Other Household Member	\$ _____
Equity Real Estate:	\$ _____	Other:	\$ _____
Equity Autos	\$ _____		
Checking	\$ _____	Client Total Income	\$ _____
Savings	\$ _____	Household Income	\$ _____

Total # Minor Dependents _____ Total # in Household _____

- Are you a veteran? Yes or No
- Do you need special accommodations to participate in this program? Yes or No
- Have you been affected by the recent hurricanes? Yes or No
- What is your legal problem? _____

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It is understood that:

1. This is a project to provide a referral 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. 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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Office Use Only

Benefits / Defense

- __72 Social Security
- __75 Soc Sec Disability
- __77 Veterans Benefits

Children

- __42 Child Adv/Depend

Consumer /Finance

- __01/011 Bk Ch. 7
- __01/013 Bk Ch. 13
- __02 Collection
- __03/031 Contracts
- __03/032 Warranties
- __62/624 Liens
- __06 Loans Collections
- __08 Unfair Sales Pract
- __93 License Auto/Other
- __16 Student loan/Ed
- __24 Tax

__ Civil Appeals (SUB)

Corporations

- __91 Not For Profit Corp

Employment

- __21 Job Discrimination
- __22 Wage Claim

Family

- __30 Adoption
- __31/311 Custody
- __32/3271 Cont Div
- __32/3270 UC Divorce
- __34 Name Change
- __36 Paternity
- __38/384 Support Mod
- __31/312 Visitation

Guardian Ad Litem

- __44/441 Cont Custody
- __44/442 GAL-DV
- __44/443 Minor Settlt
- __44/444 Atty Ad Litem

General Civil

- __99/993 Gen Civil
- __99/994 Insurance

Health

- __55 Health Insurance
- __59 Health Rel Matter

Housing/Real Estate

- __62/628 Deeds
- __63 Landlord Tenant
- __67 Mortgage Forecl
- __62/625 Zoning

Immigration

- __81 Asylum
- __81 NACARA
- __81 Cancel Removal
- __81 Deportation
- __81 Other

Probate

- __95/951 Will Draft
- __33 Guardianship
- __95/957 Probate
- __99/995 Criminal

Projects

- __99/996 Adopt Ag
- Brazilian Pro Bono Panel
- Disaster Relief Proj(SUB)
- __37 Domestic Viol
- __Habitat for Human (SUB)
- __HIV/AIDS (SUB)
- __Intake Clinic (SUB)
- __Juve Adv Mentor SUB
- __ProSeDiv Clinic (SUB)
- __Small Claims Cli(SUB)
- __V.L.F.A (SUB)
- __American Civil Lib Un
- __American Imm Attys
- __Cuban Am Bar Assoc.
- __Legal Assistance Wed.
- __Miami Beach Bar Clinic
- __Shutts & Bowen(SUB)
- __SMia Kendl Bar(SUB)
- __Steel Hector (SUB)
- __3rd Dgr Felony (SUB)
- __95/959 Wills on Whls

Interviewer Notes & Synopsis: **Docket # (if existing case)** _____

Deadlines: Is Client **Petitioner** or **Respondent** / **Plaintiff** or **Defendant** in an existing matter?

Documents attached