

# Venture Law Project of Dade Legal Aid

Intake Sheet

- Accepted \_\_\_\_\_ Case Type
- C & A \_\_\_\_\_ Legal Code
- RALA \_\_\_\_\_ Referred to
- Scanned \_\_\_\_\_
- Mr.  Mrs./Ms.

\_\_\_\_\_ Intake Date  
 \_\_\_\_\_ Interviewer  
 \_\_\_\_\_ Case ID #

Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Primary Language: \_\_\_\_\_ If not English, do you speak English? **Yes or No**

Referred by: \_\_\_\_\_ Are you a Veteran? **Yes or No**

**Race**

- Asian
- African American
- Hispanic
- White
- Other: \_\_\_\_\_

**Marital**

- Divorced
- Married
- Separated
- Single
- Widow/er

**Education**

- High School Graduate
- College Graduate
- Graduate School
- Unknown
- Other: \_\_\_\_\_

**Employment**

- Full Time
- Part Time
- Retired
- Unemployed
- Disabled

<u>Assets</u>		<u>Monthly Income before Taxes</u>	
Personal Checking	\$ _____	Client's Employment:	\$ _____
Personal Savings	\$ _____	Child Support/Alimony:	\$ _____
Real Estate:	\$ _____	Food Stamps or Public Assistance:	\$ _____
Equity Autos:	\$ _____	Grants	\$ _____
Equipment	\$ _____	Spousal Income:	\$ _____
Business Checking:	\$ _____	Other Household Member	\$ _____
Business Savings:	\$ _____	Other Income:	\$ _____
		Monthly Business Income	\$ _____
		<b>Client Total Income</b>	\$ _____
		<b>Household Income</b>	\$ _____
		<b>Business Income</b>	\$ _____
			\$ _____

**Total # Minor Dependents** \_\_\_\_\_ **Total # in Household** \_\_\_\_\_

- 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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- A copy of business and personal income tax return must be attached to qualify to be eligible for services. Otherwise last 3 employee paystubs, personal and banking statements must accompany this application.

Legal Assistance Needed:

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. 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: \_\_\_\_\_

# Venture Law Project Intake Sheet

## Office Use Only

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

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**Deadlines:**

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Documents attached