



COUNSEL ON CALL

Intake Sheet

Date: _____ **Attorney Volunteer:** _____

Client Name: _____

Date of Birth: _____ **Social Security No.:** _____

Address: _____ **Zip code:** _____

Phone: _____

Are you a citizen of the United States? _____ **Are you a veteran?** Yes _____ No _____

Race: _____ **Email address:** _____

Number adults in your household _____ **Number of children in your household** _____

Are you disable? Yes _____ **No** _____

OFFICE USE ONLY:

Advice _____ Notarization _____ PCode _____ Stats: _____

State your legal issue: _____

