



LegalCORPS Brief Advice Clinic Intake Form

Brief Advice by Phone

Business Name: _____

Your Name: _____ **Birthdate:** _____

Phone: _____ **E-mail:** _____

Street Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____

For Statistics-Gathering Purposes ONLY

This information is reported anonymously and allows LegalCORPS to provide you free services.

Race/Ethnicity Self-Identification (Check all that apply)

Black/African American

Latino/Hispanic

Native American/American Indian

Immigrant

Immigrant

Other (please print): _____

Asian/Pacific Islander

White

Immigrant

Immigrant

Are you a veteran? Yes No

Gender: Female Male Other

How did you hear about LegalCORPS? Flyer Friend Other Organization or Event

Social Media Internet Search Other: _____

Household Income

How many adults live in your household? **How many under 18?** | **Total household annual income:**

Under \$25,520	\$25,520 – \$34,480	\$34,480– \$43,440	\$43,440 – \$52,400	\$52,400 - \$61,360
\$61,360- \$70,320	\$70,320 - \$79,280	\$79,280 - \$88,240	Over \$88,240	

Client Acknowledgement

At the legal clinic today, a volunteer attorney will provide me brief advice and information on my legal issue free of charge. I understand that the attorney who advises me today will NOT provide ongoing legal assistance. I understand that I would need to pass eligibility screening and enter a separate written agreement if the attorney I meet today – or any other attorney who volunteers to assist me – were to provide further legal assistance. **I understand that the attorney I meet today will have numerous and prospective client relationships, and it is possible that a situation could arise in which my interests might conflict with those of some other client. I agree that the attorney I meet today, and that attorney’s law firm, may represent any other present or future client in any matter that is not substantially related to that attorney’s work for me – even if such client’s interests are directly adverse to mine.** Anything I tell the attorney today is privileged and confidential. I agree that my information may be shared with others as appropriate to assist me in this matter.

Client signature: _____ **Date:** _____

After my appointment LegalCORPS may:

Send me a survey about my appointment. Yes No

Profile me and my business in LegalCORPS’s newsletter or marketing material. Yes No

ATTORNEYS & CLINIC ASSISTANTS: COMPLETE THIS SIDE

Clinic Location: _____ **Brief Advice by Phone** _____ **Date:** _____

Attorney: _____ **Firm:** _____

Clinic Assistant: _____

Subject: _____

Brief description of legal problem: _____

Compelling Story? Yes No

Area(s) of Law:

- | | |
|--|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Entity Formation/Governance | <input type="checkbox"/> Corporate Tax |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Debtor Creditor |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Lease Review |
| <input type="checkbox"/> Business Advice | <input type="checkbox"/> Other _____ |

Attorney Services Provided:

- Advice Only
- Drafted Documents
- Other Brief Service
- Ongoing Assistance and/ or Full Representation (and will fill out a Rep. Agreement)
- Other _____

Attorney Time with Client: _____

Estimate of any follow-up attorney time (if applicable): _____

Check if client was referred elsewhere:

- LegalCORPS for ongoing representation: (612) 206-0780
- Lawyer Referral and Info: (612) 752-6666
- Other _____