

KALISPEL LEGAL ADVICE CLINIC INTAKE FORM

Participant's Full Legal Name: _____
(to include maiden name, aliases, nicknames or other names used by Participant)

Date of Birth: _____ Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Tribal Affiliation (if any): Kalispel Other: _____ None

How did you hear about the clinic? _____

Do you have reliable transportation to get to your appointment? Yes No

Legal Issue:

Benefits Consumer Debt Driver's License Restoration Employment
 Family Housing Wills/Probate Other

Briefly describe the issue for which you are seeking assistance:

Name(s) of other person(s) involved: _____

Tribal Affiliation of the other person(s) involved: Kalispel Other: _____ None

Have you previously consulted with an attorney about this matter? Yes No

Name of Court and Case Number (if available): _____

Participant Acknowledgement:

I understand and agree to the following: The attorney I will meet with at the clinic will give me brief legal advice. The attorney will not provide ongoing legal service after today's clinic. I remain responsible for all parts of my case. What I tell the attorney today is confidential.

Signature

Date

To Be Completed by Clinic Staff:

Legal Services Provided: Legal advice Drafted Pleadings/Documents
 Referred participant to a legal nonprofit for further assistance
 Did not provide services to the participant

Attorney's Name: _____ WA Bar #: _____

Law Student Volunteer's Name: _____