

Christian Legal Aid of Northern Virginia at Columbia Baptist Church - Intake/Screening Form

Screener's Name: _____ **Client Name:** _____

Sex of Client: _____ Male _____ Female Client Birth date (MM/DD/YYYY): ___/___/___

Client Address:
 Street - _____ City - _____ State - _____ ZIP - _____

Client Telephone: Home - _____ Work - _____ Cell - _____

Client Email Address: _____

Is client married? _____ Yes _____ No If yes, spouse's name: _____

Does client have children? _____ Yes _____ No If yes, childrens' names and ages –

Name	Age	Name	Age	Name	Age

Is client a member of Columbia Baptist Church? _____ Yes _____ No

Client's annual income: \$ _____ Approximate value of client's assets: \$ _____

Government benefits received by client:

*** Brief description of legal issue/problem:**

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Provide names, addresses, and phone numbers of any opposing parties. If client's problem involves a dispute with or claim against or by a third party provide name, address, phone number, and law firm of any lawyer representing an opposing party.

* Client nationality/ethnicity: _____ African American _____ Hispanic/Latino _____ Asian/Pacific Islander
_____ Caucasian - not Hispanic _____ Middle Eastern _____ American Indian _____ Other

Native Country: _____

Will client need an interpreter? _____ Yes _____ No Which language: _____

Information on interpreter **you** will provide:

Interpreter's Name: _____ Interpreter's Address:

Street - _____ City - _____ State - _____ ZIP - _____

Interpreter phone: Home - _____ Work - _____ Cell - _____

Any other comments that might help lawyers?

A member of the legal aid team will contact you to set up an appointment date and time.

To be completed by legal aid staff: Date: _____ Time: _____

(Although we usually hold legal aid clinics on first and third Saturday of each month and have appointment times of 9:30-10:20, 10:30-11:20, and 11:30-12:20 our schedule may vary)

Note: We hold legal aid clinics at 301 North Washington Street (**not** the church building); Falls Church, VA, 22046 (corner of Route 29/Washington Street and West Great Falls Street).

Return completed form to the information desk at Columbia Baptist Church; 103 West Columbia Street; Falls Church, Virginia, 22046.

Form version date: October 29, 2007