



**EARL CARL INSTITUTE FOR LEGAL & SOCIAL POLICY, INC.**  
**Client Intake Sheet – General Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  Male

Female

Education Level \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

How did you find out about the institute? (circle one) Media/friend/relative/TSU employee/legal services program/other client/court/advertising/other: (please specify) \_\_\_\_\_

**ETHNICITY:**

- Black [*Not of Hispanic Origin*]     Hispanic     White [*Not of Hispanic Origin*]  
 Native American     Asian/Pacific Islander     Other [*please specify*] \_\_\_\_\_

**MARITAL STATUS:**

- Single                     Married                     Separated  Widow [er]                     Divorced

**DO ANY OF THESE APPLY?**

- Veteran     Disabled     Homeless     Victim of domestic violence

**HOUSEHOLD COMPOSITION AND INCOME:**

<u>HOUSEHOLD MEMBER</u> <u>NAME</u>	<u>RELATIONSHIP</u>	<u>SOURCE OF</u> <u>INCOME</u>	<u>MONTHLY</u> <u>AMOUNT</u>
Self -			
Spouse -			
Child-			
Other			

Total Number in household: \_\_\_\_\_ **GROSS MONTHLY Household Income:** \_\_\_\_\_

**Applying for the Property Preservation Clinic:**

o Address or Legal Description of the Property in question: \_\_\_\_\_  
\_\_\_\_\_

**Applying for assistance with a juvenile case:**

o School & District: \_\_\_\_\_  
o Court Name & Cause Number \_\_\_\_\_

**Pending Court Hearings and Dates:** \_\_\_\_\_

**Date of service with the suit:** \_\_\_\_\_

**State the names of all other persons involved in your situation (i.e., opposing parties):**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Please State The Facts of Your Case:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you already represented by an attorney?**  Yes  No

*I have read the above information and it is a true and accurate statement of my financial situation and the facts concerning my problem.\**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I understand that if a conflict of interest arises from the facts of my case, my case will be closed*

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I am currently a citizen of the United States of America* Yes  No

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* You may sign using /s/\_\_\_\_\_ as your electronic signature.*