

Intake Form

Client Information

Full Name: _____ DOB: _____

Any immediate safety concerns? YES NO

Address: _____

Safe to mail? YES NO

Phone: _____ Email _____

Safe to call? YES NO Safe to Email? YES NO

Language: _____

Interpreter? YES NO

Income from Employment: _____ /month in income

Income from other sources [benefits etc.]: _____ /month in income

Survivor of domestic violence?: YES NO

Children's Information

Full Name: _____ DOB: _____

Address: _____

Full Name: _____ DOB: _____

Address: _____

Full Name: _____ DOB: _____

Address: _____

DCF Information

DCF Office: _____ Caseworker (if known): _____

When did DCF become involved with the family? _____

Stage of DCF Case (if known) 51A Finding Made 51B Investigation Complete Action Plan Created

Details about DCF Involvement: [how did DCF get involved; what is the relationship like with the caseworker; what is the client's goal with respect to DCF]:

Information on Other Parent

Full Name: _____ Relationship: _____
[husband/wife, boyfriend/girlfriend, etc.]

Address: _____ Date of Birth: _____

Details of Relationship: [domestic violence history, for example]

Client's Legal Needs

<input type="checkbox"/> Advocating to DCF	<input type="checkbox"/> Appealing DCF Decision	<input type="checkbox"/> Obtaining DCF Records
<input type="checkbox"/> Custody	<input type="checkbox"/> Divorce	<input type="checkbox"/> Housing
<input type="checkbox"/> Child Support	<input type="checkbox"/> Immigration	<input type="checkbox"/> Health Care/Disability
<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Welfare Benefits	<input type="checkbox"/> Employment
<input type="checkbox"/> Child Care	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Open Court Cases

Court /Docket: _____
[Probate and Family Court, District Court, Juvenile Court etc.]

Next date: _____

Attached Paperwork

<input type="checkbox"/> Case Opening Letter from DCF	<input type="checkbox"/> 51A	<input type="checkbox"/> 51B Investigation
<input type="checkbox"/> DCF Action Plan	<input type="checkbox"/> Complaint for Divorce	<input type="checkbox"/> Complaint for Custody
<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Restraining Order Affidavit	<input type="checkbox"/> Temporary Order
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Referring Agency

Agency: _____

Advocate Name: _____

Advocate Contact: _____

Release of Information

I, _____, understand that the advocate above will release information about my case to Greater Boston Legal Services so that GBLS may evaluate my case for legal representation, advice or referral. I consent to this release of information

Signature: _____ Date: _____