**Intake Type: Maine Homeless Legal Project**

Type of Legal Issue:

Dates and Times of Client Availability to discuss with an attorney in the next two weeks:

Intake by:

Status:

Date opened:

Date closed and reason:

Has client previously received services through MHLP?

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| --- | --- | --- | --- |
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| --- | --- | --- | --- |
| **Client Information:**  | Date of Birth:  | Age at Intake:  |  |
| Contact Address: | Phone: |  | Mailing Address: |
|  |  |  |   |
| Safe to call and leave message?How much income have you earned in the past year? |  |  |   |
|  |  |  |  |
| Gender:  | Language:  | Client Disability:  | Current Military:  |
| Race: Black or African American (Not Hispanic) | Interpreter Needed?  | Household Disability:  | Veteran:  |
|  |  |  | Household Military:  |

**Other Case Entities:**

|  |  |  |  |
| --- | --- | --- | --- |
| Adverse Parties: |  |  |  |
| Non-Adverse Parties:  |  |  |  |
| Opposing Counsel: |  |  |

**Court or Agency Info**

|  |  |
| --- | --- |
| Court or Agency Involved? |  |
| If yes, name of court and/or agency:  |  |
|  |  |

**MHLP pro bono attorney assigned and their law firm or corporation:**

**Date of attorney consultation:**

**Description of client’s questions/issue and case notes**

Questions/issue: Fully Describe the Incident and Legal Advice You Wish to Obtain

Deadlines:

Paperwork/documents requested:

Other organizations we referred client to:

Other people we have permission to discuss case with:

**Summary of Advice Provided by Volunteer Attorney/Outcomes and Next Steps**