

CSI Legal Clinic Interview Questionnaire

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| Follow Up: |
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| APPOINTMENT DATE: | CSI ID# |
| FIRST NAME MI LAST NAME | DATE |
| ADDRESS CITY STATE ZIP | PHONE # HOME CELL () - |
| E-MAIL ADDRESS | ALTERNATE TELE. # HOME CELL WORK () - |
| INTAKE WORKER | ASSIGNED ATTORNEY |

| | | |
|-----------------------|----------------------|---------------------|
| MARITAL STATUS | #IN HOUSEHOLD | EMPLOYER: |
| MARRIED | ADULTS | EMPLOYER'S ADDRESS: |
| SINGLE | | SPOUSE'S NAME: |
| SEPERATED | CHILDREN | SPOUSE'S EMPLOYER: |
| DIVORCED | | |
| WIDOWED | | |

General nature of your legal problem: (Select as many that apply.)

OTHER:

Briefly describe your legal problem:

Has a case been filed? What country? Case Number?

Who is/are the opposing party(ies)?

Is/are the opposing party(ies) represented by an attorney?

Have you previously seen an attorney on this matter?

If you have access to the Internet, please attach a copy of the court record in the same email.
<https://www.idcourts.us/repository/start.do>