



Justice Center

Case Contact

Your Contact Information:

Your Name: _____

Spouse: _____

Home Ph #: _____ Mobile Ph #: _____

Home Email: _____

Address: _____

Address: _____

City: _____

State: _____ ZIP: _____ Country: United States

County: _____ Send No Mail Send No Email

OFFICE ONLY:

Contact #: _____

Case #: _____

How Did You Hear About Us?

Your Church / Employer:

Church: _____

Employer: _____

Work Ph #: _____ Ext #: _____

Work Email: _____

About You:

Birth Date: _____ Age: _____

Income \$: This Year \$: _____
Last Year \$: _____

Race: _____

Language: _____

Do you speak English? Yes No

Dependents: _____ (How Many?)

Name of Person Troubling You (Adversary in Dispute):

Name: _____

Home Ph #: _____ Mobile Ph #: _____

Address: _____

City: _____

State: _____ ZIP: _____ Country: _____

Marriage History:

Currently Married _____ Years

Currently Separated _____ Months

Previously Widowed _____ Year

Previously Divorced _____ Time(s)

Never Married

Dependents (Kids) Names	Ages	\$ Support	Custody Rules

Comments (Tell us more about yourself): Past court cases, special circumstances, physical or mental conditions, etc...



Justice Center

Case Summary (Please explain your case to us):

1) Briefly describe your problem...

OFFICE ONLY:

Client #:

Client Name:

Case #:

Case Start Date(today):

County Jurisdiction:

Open Closed

2) What have you done to try to resolve the problem?




Case Summary (Continued...):

3) What issues and questions do you want resolved and answered?

4) What do you want from the other party?

5) What do you hope we can do for you?

6) What other information do we need to know about you and your situation?

 See back of sheet for additional information...

Your Signature: _____

Date: _____



Justice Center

Client Legal Questionnaire

Put Your Name Here:

Your Name: _____

OFFICE ONLY:

Client #: _____ Case #: _____


Has Legal Action Been Filed Against You?

Yes No Soon

File Date: _____ County with Legal Jurisdiction: _____

Filed By: _____

Type of Action Filed:

 See back of sheet for additional information...

Names of Attorneys or Professionals YOU Have Talked to About Your Case:

Attorney or Professional: _____


Law Firm: _____

Address: _____

Phone: _____

Actions Taken:

Advice Given:

 See back of sheet for additional information...

Names of Attorneys or Professionals for OTHER PARTY in Dispute:


Attorney or Professional: _____

Law Firm: _____

Address: _____

Phone: _____

Actions Taken:

 See back of sheet for additional information...



Optional Form: Justice Center

Religious Questionnaire

Put Your Name Here:

Your Name: _____

OFFICE ONLY:

Client #: _____ Case #: _____

*“As a faith based organization, we have found that a person’s religious background can have a significant impact on how he or she deals with a legal, financial or other conflict. In order for us to be sensitive to your personal convictions, it is helpful for us to receive the following information. **You do not have to complete this section.** Your answers will in no way affect your ability to receive services from us. We want to assist you regardless of your religion, race, national origin, sex, age, disability or status.”*

Do You Believe in God?

Yes No Uncertain

Do You Pray?

Daily Weekly Rarely Never

Urgent Prayer
Request: _____

Do You Believe You Should Follow The Bible's Instructions?

Yes No Uncertain

Why? _____

How Often Do You Read The Bible?

Daily Weekly Rarely Never

Favorite
Part: _____

Do You Believe You Will Live In Heaven When You Die?

Yes No Uncertain

Why? _____

Recent Changes In Your Spiritual Life?

No Change More Spiritual Less Spiritual

Describe: _____

Do You Attend a Church or Religious Service?

Active Involvement Attendance Only Occassionally Never

Church: _____ Pastor: _____

City: _____ Phone: _____

What Do You Do There? _____

Who Has Most Influenced Your Spiritual Life (Names and Relationships)?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

What Is The Other Party's Religious Orientation or Commitment?



Intake Form: Justice Center

Case Action (Page 1 of 2)

Client Served: _____

Case #: _____

Client Name: _____

Case #: _____

Volunteer Name: _____

Action Date: _____

#1. Service Role (Choose One):

Type of Service Provided:

- Legal
- Financial
- Conflict Coaching
- Mediation
- LITC Professional
- Church Services
- Office Help
- Other

#2. Action Types (Choose One):

Type Of Action Taken:

- Administrative Hearing
- Document Help
- Education
- Intake
- Litigation
- Other
- Rep w/o Litigation

#3. Service Location (Choose One):

Location Service Provided:

- Main Office
- Other _____

#4. Issue: (Choose One)

Legal:

- Consumer Utilities
- Criminal
- Education
- Employment
- Family
- Health
- Housing
- Immigration
- Other
- SocSecurity / Public Benefits
- Will / POA

Non-Legal:

- Budget Counseling
- Conciliation / Mediation
- LITC Tax Support
- Office Meeting
- Other

#5. Action Notes (Notes + What Services Were Provided to Client):



Intake Form: Justice Center

Case Action (Page 2 of 2)

#6. Referral Needed:

In House Out

#7. Referral Role:

Attorney

Financial

Mediation

Church Support

Other

#8. Referred To This Volunteer:

#9. Follow Up Needed:

Yes No

#11. LITC Tax Type (Choose One):

Optional:

Account / Notice Inquiry

CNC Unable To Pay

Collection Statute

Copies of Returns/Trans/Reports

EITC

ELS Assistance

Failure to File Penalty

Injured Spouse

Innocent Spouse

Installment Agreements

Invalid Dependent Name/SS#

Invalid SS#

\$ Tax Controversy: _____

\$ Taxes Paid: _____

Taxes Saved: _____

ITIN

Levy

OIC

Other

Processing Amended Return

Refund Assistance

Tax Court

#10. Follow Up Instructions (What Should Be Done Next):



Justice Center

Volunteer Sign-Up

Your Contact Information:

Your Name: _____

Spouse: _____

Home Ph #: _____ Mobile Ph #: _____

Home Email: _____

Address: _____

Address: _____

City: _____

State: _____ ZIP: _____ Country: United States

County: _____ Send No Mail Send No Email

OFFICE ONLY:

JC Online Contact #: _____

Security: None Full Limited

Login: _____

Password: _____

Your Church / Employer:

Church: _____

Employer: _____

Work Ph #: _____ Ext #: _____

Work Email: _____

How Did You Hear About Us?

About You:

Birth Month: _____ Age: _____

Languages: _____

How Do You Hope To Help As A Volunteer? (Check All That Apply)

Flag:	Subject:	Specialties, Abilities & Personal Interests:
<input type="checkbox"/>	Attorney	
<input type="checkbox"/>	Conflict Coach	
<input type="checkbox"/>	Translator	
<input type="checkbox"/>	Office Skills	
<input type="checkbox"/>	Donor	

Comments (Tell us more about yourself): Personal Testimony, Professional Experience, Special Skills, etc...
