

APPLICATION FOR LEGAL SERVICES

Date: _____

How did you hear about our office? _____

What is your legal matter? _____

Any adverse parties? _____

Biographical Information

Name: _____

Address: _____

RESIDENCE or MAILING ADDRESS

Home phone number: _____

Cell phone number: _____

Email Address: _____

Date of Birth: _____

Are you a Senior (over 65)? YES NO

Social Security Number: _____

Education – What is the highest grade completed? _____

Are you a veteran? YES NO

Household and Demographics

Marital Status:

Single

Married

Divorced

Widowed

Living As Married/Common Law Marriage

Living Circumstances:

- Alone
- With Family
- Boarding/Rooming House
- Public Housing
- Homeless Shelter
- Homeless (Street/Park/Car/Couch Surfing)

Number of members in household: _____

Are you receiving any housing assistance?

- Emergency Assistance (TRA)
- Section 8 Housing Assistance
- Other: _____

Demographic Information

Are you of African ancestry? YES NO

Are you Hispanic/Latinx? YES NO

Are you currently enrolled in any of the following?

- Educational Training
- Vocational Training
- College Student

Financial Information

Are you currently working? YES NO

If yes, where? _____

How long have you worked there? _____

What is your salary? _____

If no, when did you last work? _____

How long did you work there? _____

What was your salary? _____

Do you have any other sources of income? YES NO

SSI/SSDI (circle one) (Monthly Amount): _____

GA/TANF/SNAP (Monthly Amount): _____

Alimony (Monthly Amount): _____

Child Support (Monthly Amount): _____

Pension (Monthly Amount): _____

Do you own any assets? YES NO

If so, please check and list the items and the value of each item:

Real Property? _____

Personal Property? _____

Investment Items? _____

Other resources (e.g., IRA account, pension, 401k, 457 account)? _____

Medical History

What is your mental health diagnosis? _____

Are you currently engaged in mental health treatment? YES NO

If yes, where? _____

Do you take any medication? YES NO

If yes, please list your medication(s): _____

Do you have a Psychiatrist/Psychologist? YES NO

If so, what is his/her name and contact information? _____

Do you have a therapist? YES NO

If so, what is his/her name and contact information? _____

How often do you have an appointment? _____

If you are not currently in treatment, how long has it been since you were last treated?

Have you ever been hospitalized due to a mental condition? YES NO

What is the total amount of times you have been hospitalized? _____

List the hospitals (most recent to oldest):

| Name of Hospital | Discharge Date |
|------------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |

Within the last 30 days have you been discharged from a short-term care facility or involuntary psychiatric unit? YES NO

If yes, which facility? _____

Do you have a case worker/case manager? YES NO

If so, what is his/her name and contact information? _____

CITIZENSHIP OR LAWFUL RESIDENT STATUS

County of Bergen Mental Health Law Project receives state and county funding which requires us to inquire of all of its clients whether you are a citizen or lawful resident of the United States.

I am a citizen of the United States of America

I am a lawful resident of the United States.

I hereby certify that the information contained in the Client Intake Form is accurate and correct.

Signature: _____ Date: _____

CERTIFICATION IN LIEU OF AFFIDAVIT OF INDIGENCY

I, _____, do hereby certify that:

- I am indigent and without funds to pay either legal fees or court costs.
- The foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____ Date: _____

REPRESENTATION AGREEMENT

I hereby employ the Bergen County Mental Health Law Project to represent me in connection with the following matter:

and to receive, copy and inspect any and all records in connection with said matter.

I understand that I must fully cooperate with the Bergen County Mental Health Law Project to assist me in their representation and that I must immediately notify them of any change of address, telephone number, income or employment. If I do not cooperate with Bergen County Mental Health Law Project, I understand that Bergen County Mental Health Law Project may close my file if there is no pending court or agency proceeding, or ask the court/agency for permission to withdraw as my attorney.

I also understand that Bergen County Mental Health Law Project is under no obligation to file an appeal on my behalf should there be a decision which I consider unfavorable.

Client

Director

Dated: