



**EXTENDED LEGAL SERVICES
GENERAL INTAKE FORM**

*Please complete as much of this form
as you can and send it to:*

Ascend Justice
17 N. State St. Ste. 1390
Chicago, IL 60602
Email: intake@ascendjustice.org
Phone: 312-971-5932
Fax: 312-251-9801

Today's Date _____

Referred by: _____

from _____

YOUR PERSONAL INFORMATION:

Full Name: _____ Former/Maiden Name(s): _____

Preferred Pronouns: she/her/hers he/him/his they/them/theirs Other: _____

Home Address: _____ Apt. # _____

City/State/Zip: _____ Safe Address? Y N

If no, Alternate Address: _____

Email Address: _____ Safe Email Address? Y N

Best Phone to Contact You: _____ Additional Phone: _____

Please indicate any directions/restrictions in calling/emailing/sending mail: _____

Can we communicate with you via text message? Y N

Date of Birth: _____

VICTIM OF DOMESTIC VIOLENCE

Have you or an immediate family member ever been a victim of domestic violence? Y N

If yes, Name of Abuser: _____ Abuser's Date of Birth: _____

Name of Abuser: _____ Abuser's Date of Birth: _____

HISTORY OF MARRIAGE/RELATIONSHIP:

Marital Status:

Never Married (Beginning of Relationship Date: _____) Divorced Legally Separated Widowed

Married: Spouse's Name: _____

Spouse's Date of Birth _____ Date of Marriage _____

Spouse's Citizenship status: Citizen Legal Resident Non-citizen Other _____

Have you ever lived together? Y N Date of Separation _____

Has spouse or former spouse ever been physically, sexually or emotionally abusive towards you or a family member? Y N

DEMOGRAPHICS

Citizenship status: Citizen Legal Resident Non-citizen Other_____

Disability (if any): _____

Race: (check all that apply)

- White Black/African-American Latina/o (Hispanic) Native Hawaiian/ Pacific Islander
- Asian American Indian/Alaskan Native Middle Eastern North African (MENA)

Primary Language Spoken at Home: English Spanish Polish Chinese Other

Gender Identity: Female Male Transgender female Transgender male
 Genderqueer/Gender non-conforming Other Do not wish to respond

Sexual Orientation: Heterosexual/Straight Homosexual/Gay/Lesbian Bisexual Queer Other
 Do Not Wish to Respond

Are you a veteran? Y N

Do you need an interpreter? Y N If so, in what language? _____

Highest level of education completed:

- No high school Some high school High school grad. Some college
- College grad./higher Advanced Degree

Length of time in IL: _____ Length of time in Cook County: _____

How many people live with you (including you)? ___ Adults ___ Children

How many children do you have? _____

Are you currently pregnant? Y N Are you the head of the household? Y N

Housing Type: Own Rent Homeless Temporary Housing

Income

Check all that apply and write the monthly amount (before taxes):

- Employment/Earned Income None
- Full Time or Part Time \$ _____
- Unemployment insurance \$ _____
- SSI \$ _____
- Social Security disability \$ _____
- Veteran's disability \$ _____
- Private disability \$ _____
- Workers compensation \$ _____
- TANF \$ _____
- General Assistance \$ _____
- Retirement income(Social Security)\$ _____
- Veteran's pension \$ _____
- Pension from former job \$ _____
- Child Support \$ _____
- Alimony/spousal support \$ _____
- Other source \$ _____
- Total:** \$ _____

Other Benefits (check all that apply):

Non Cash Benefits:

- Food stamps/Link/SNAP None
- Special Supp. Nutrition (WIC)
- TANF Child care
- TANF Transportation
- Other TANF
- Section 8/public housing/rent assistance
- Other

Medical Benefits/Insurance: None

- Medicaid
- Medicare
- State children's health insurance
(if client under 18)
- Veteran's administration medical services
- Private insurance

INFORMATION ABOUT CURRENT PARTNER:

Full Name: _____ Alias/Formal Name _____

Relationship to you: _____ Date of Birth: _____

Currently living together? Y N

Has current partner ever been physically, sexually or emotionally abusive towards you or a family member? Y N

Demographics:

Age: _____

Gender Identity: Female Male Transgender female Transgender male
 Genderqueer/Gender non-forming Other Do not wish to respond

Sexual Orientation: Heterosexual/Straight Homosexual/Gay/Lesbian Bisexual
 Queer Other Do Not Wish to Respond

Race: *(check all that apply)*

White Black/African-American Latina/o (Hispanic) Native Hawaiian/Pacific Islander
 Asian American Indian/Alaskan Native Middle Eastern North African (MENA)

HISTORY OF ABUSE (if applicable)

What is the date and location of the most recent incident of abuse?

Please check the types of abuse that occurred during the most recent incident:

Physical (hitting, pushing, other) Sexual Child abuse Emotional abuse (threats, controlling)

Please check the types of abuse that have occurred at any time during your relationship:

Physical (hitting, pushing, other) Sexual Child abuse Emotional abuse (threats, controlling)

CURRENT PENDING COURT CASES:

Do you currently have or have you ever had an Order of Protection? Y | N

If yes, where was your order of protection issued? _____

Case #: _____

Date order of protection was issued: _____ Next court date: _____

Termination date of order of protection: _____

Did our office help you with the Order? Y N

If not, how did you hear about us? _____

(If our office did not help you with your Order of Protection, please attach copies of your Petition and/or Order)

Do you have a pending court date for a divorce/parentage case? Y N

If yes, where is the case currently pending? _____ Next court date: _____

Case Number: _____

Have you been arrested for or charged with a crime? Y N

If yes, do you have a pending court date for a criminal matter? Y N

If yes, where is the case currently pending? _____ Next court date: _____

Case Number: _____

Do you have a pending court date for a juvenile court abuse or neglect case? Y N

If yes, in what county is your case taking place? _____

Do you have a pending pre-hearing or hearing date in a DCFS administrative proceeding? Y N

EMERGENCY ISSUES

Is your safety or that of your children or loved ones at risk? Y N

HOUSING

Do you need to move out and terminate your lease early for safety concerns? Y N

Do you need to change the locks to your apartment so your abuser won't have access? Y N

- If yes to either question, what is the name of the landlord / property company? _____

Are you homeless, living in a shelter or at risk of losing your home and have no place to go? Y N

EMPLOYMENT:

Do you need workplace accommodations that may help you feel safe (such as a different work schedule, change of work telephone number, change of seating assignment, a transfer or reassignment, etc.)? Y N

Do you need to take time off from work in order to: attend court; move residences; or attend meetings with the State's Attorney's Office, your advocate, lawyer, or counselor? Y N

- If yes to either question, what is the name of your employer / supervisor? _____

CRIME VICTIMS COMPENSATION:

Do you have out-of-pocket expenses as a result of being a victim of a crime? Y N

CHILD ABUSE/NEGLECT INVESTIGATIONS AND ADMINISTRATIVE APPEALS (DCFS):

Do you have a DCFS child abuse/neglect case involving an out-of-home safety plan? Y N

Are there any deadlines or hearings in your DCFS case in the next 7 days? Y N

CONSUMER LAW:

Do you need information about consumer debt, filing for bankruptcy, or tax issues? Y N

Please check off the areas for which you are seeking legal assistance.

- | | |
|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Crime Victims Compensation |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> Child Abuse/Neglect (DCFS) | |

CLIENT SUPPORT COORDINATOR SERVICES

Ascend Justice has a team of client support services staff and interns who assist our attorneys in providing additional support for our clients. Our goal is to make your legal case more manageable by providing clinical support and to help increase your stability by connecting you with resources.

- Do you currently need support outside of legal services? Y N

- Please indicate the following areas where you would like or need additional support:
 - Education
 - Safety Concerns
 - Housing
 - Unemployment/Labor
 - Medical
 - Public Benefits
 - Rental/Utility Assistance
 - Counseling/Mental Health
 - Other: _____

By completing this form, you are signifying that you wish Ascend Justice to consider your request for legal services. Completing this form does not create an attorney-client relationship. However, the information you provide to our offices will be kept confidential unless and until you authorize any disclosure. We store information in Legal Server, our secure case management system (hosted by a third-party provider), and you have the ability to opt-out of this, but you must notify us of this decision. We will evaluate your case, decide whether we can assist you or represent you or not, and notify you of our decision. If you have any questions or if your contact information changes, contact us at 312-971-5932.

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