

Student Legal Service Client Intake Form

PLEASE REVIEW AND SIGN THE FOLLOWING:

Note: All information provided will be kept strictly confidential

I am a currently enrolled University of Minnesota student and pay the Student Services Fee. I understand that any advice or representation I receive is governed by the Student Legal Service (SLS) Policy Handbook, which I may obtain upon request.

Although advice and representation are without cost because I pay the Student Services Fee, when applicable, I understand that I will be required to pay court costs, filings fees, or fines, as well as other miscellaneous costs in connection with my case. (Note: The attorney/legal staff member will discuss any potential fees with you.)

I agree to abide by the terms and conditions of representation and assistance set out in the SLS Policy Handbook (available upon request or at sls.umn.edu).

SIGNATURE: _____ **DATE:** _____

CLIENT CONTACT INFORMATION

NAME: _____
LAST FIRST MIDDLE

Name you prefer to be called: _____ Date of birth (mm/dd/yyyy): _____

Preferred Phone # _____ OK to call/leave message? Yes No

Email* _____ OK to email confidential material? Yes No

*Please list an email account secure enough to receive confidential material and that you check frequently.

Local address: _____ **Permanent address (if different from local)**

Street _____ Unit #: _____ Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

OK to mail confidential material? Yes No

Your Pronouns (please circle): She/Her/Hers He/Him/His They/Them/Theirs Other: _____

What is your country of citizenship?* _____

*Your answer does not impact eligibility, but will better help us provide advice in your particular case.

FOR STUDENT LEGAL SERVICE OFFICE USE ONLY

INTAKE DATE: _____

NAME: _____ FILE # _____ STAFF: _____

ID#: _____ Eligibility verified: _____ Co-pays: _____ Other costs: _____ CASE TYPE(s): _____

Adverse Party / Address: _____

Additional Parties: _____

Total on file: _____

Property Address: _____

CONFLICTS: _____

Student Legal Service Client Intake Form (Page 2)

CLIENT CASE INFORMATION

What is your main reason for reaching out to SLS?

Is another person or a company an opposing party in your concern?

YES* NO DON'T KNOW

*If yes, please provide the name of that person or company and his/her/their address and phone number:

Is anyone involved (besides you) a University of Minnesota student, student group, faculty or staff member?

YES* NO DON'T KNOW

*If yes, please provide name of person(s) and briefly explain how they are involved:

What do you hope to accomplish with SLS's assistance?

What other significant concerns do you have, if any?

Student Legal Service Confidential Client Survey

Please provide the information requested below by checking the box next to the appropriate answer or filling in the blank for each question. SLS is funded by the Student Services Fee and must collect general client demographic data to submit to the Student Services Fee Committee each year to obtain that funding. **Please note that your identity will not be linked to the data you provide and the information will not affect your eligibility or the handling of your case. Filling out the survey is voluntary.** If you have any questions or concerns, please ask the receptionist.

1. What is your age?

- 0-17 31-40
 18-24 41 or over
 25-30 Prefer not to answer

2. What is your race (check all that apply)?

- American Indian Middle Eastern
 Asian Native Hawaiian/
 Pacific Islander
 African American/
 Black Unknown
 African (immigrant) Other:
 Hispanic Prefer not to
 answer
 European American/
 White

3. How do you identify?

- Woman None
 Man Non-Binary
 Transgender Other:
 Gender Queer Prefer not to answer

4. Are you an international student?

- Yes No Prefer not to answer

5. Are you a veteran of the United States military service?

- Yes No Prefer not to answer

6. What is your student status?

- Freshman Senior
 Sophomore Graduate School
 Junior Professional School

7. How did you hear about USLS?

- Present or former client/UMN student
 Other UMN Department/Faculty/Staff
 USLS Program or Event
 USLS Website
 Brochure/Flyer/Other Publicity
 Other: _____

FINANCIAL INFORMATION

8. In the chart at right, please identify the amount of money you make each year, and circle that range of values.

100%	125%	150%	Above 150%
\$0 - \$11,770	\$11,770 - \$14,713	\$14,713 - \$17,655	OVER \$17,655

STAFF USE ONLY:

Case type(s): _____