

ELCA Outreach Center

Racine Legal Advice Service Client Intake Form



Wisconsin Case Yes No Case Number (If known): _____

Client Name: _____ M / F

Address: _____

Street
City
State
ZIP

Daytime phone number: _____ Date of Birth: _____

Adverse Party (Name of person conflict is with): _____

Special needs regarding language or other disabilities that we need to accommodate for:
 None Yes: explain: _____

Type of services offered (please circle one topic):

- | | | | |
|--------------|---------------------------|---------------|---------------------|
| Debt Issues | Renters Rights | Family Law | Guardianship Issues |
| Small Claims | Driver's License Recovery | Child Support | Immigration |

Briefly describe what are you hoping to accomplish at this appointment:

Stage in the court process:

- | | |
|--|--|
| <input type="checkbox"/> Deciding what/if to file | <input type="checkbox"/> Preparing to file |
| <input type="checkbox"/> Preparing for court hearing | <input type="checkbox"/> Follow up after court hearing |

Please mail completed form to:

**Megan Burgess
 ELCA Outreach Center
 6218 26th Avenue
 Kenosha WI 53140**

**Drop off location;
 Racine YMCA
 725 Lake Avenue**

**Or email to:
mburgess@elcaoutreachcenter.org**

Please call 262-455-8511 or 262-652-5545 if you have questions about this form

Please complete for grant tracking purposes

Ethnicity:

- ___ African-American
 ___ Caucasian/White
 ___ Hispanic ___ Other

Age: ___ 19 – 24 ___ 25 – 34
 ___ 35 – 44 ___ 45 – 59 ___ 60+

Gender: ___ M ___ F ___ O

Income Bracket: ___ \$0 – 14, 499
 ___ \$15,000 – 29,999
 ___ \$30,000 – 49,999
 ___ \$50,000 and above



Sponsored by the



**STATE BAR
 OF WISCONSIN**
 PROBONO PROGRAM