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# Alapaha Circuit Legal Aid Intake Form

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**NOTICE:** This form is to be completed in **BLUE INK ONLY**

## 1. Your Information

Gender:  Male  Female  Other

Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last Day Month Year

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Are messages OK at this #:  Yes  No      Are messages OK at this #:  Yes  No      Are messages OK at this #:  Yes  No

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have a lawyer? If so, who: \_\_\_\_\_

Do you make less than \$26,500 per year?  Yes  No

Do you receive any form of Income Assistance?  Yes  No

**Please provide a brief summary of the legal issue for which you are seeking advice:**

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**Are there any other legal issues pending in court related to those listed above? (criminal or civil)**

If yes please provide a brief summary: \_\_\_\_\_

### How did you learn about us?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> The court             | <input type="checkbox"/> Other government service | <input type="checkbox"/> Parenting After Separation |
| <input type="checkbox"/> The other parent      | <input type="checkbox"/> Other agency             | <input type="checkbox"/> A friend/co-worker         |
| <input type="checkbox"/> Legal services/lawyer | <input type="checkbox"/> The Internet             | <input type="checkbox"/> Other _____                |

## 2. Opposing Party - (If Applicable)

Gender:  Male  Female  Other

Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last Day Month Year

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### What is your relationship with this parent/person?

- |  |   |
|--|---|
| <input type="checkbox"/> Separating/divorcing, living apart    | <input type="checkbox"/> Acquaintance       |
| <input type="checkbox"/> Separating/divorcing, living together | <input type="checkbox"/> Business Associate |
| <input type="checkbox"/> Already divorced                      | <input type="checkbox"/> Family Relative    |
| <input type="checkbox"/> Dating                                | <input type="checkbox"/> Other _____        |

If a former partner, how long have you lived together? \_\_\_\_\_ Separation Date: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Have you tried mediation to work out your current differences?

Yes  No If so, when did you try mediation? \_\_\_\_\_

Do you have a court order or separation agreement?

Yes  No  Don't know

In which county is it filed? \_\_\_\_\_

**Do you feel there is an immediate risk of violence in your family?**  Yes  No

**Has the other person ever caused you to be concerned for your own safety or your children's safety?**

Yes  No

Notes: \_\_\_\_\_

**Are there any outstanding protection orders (restraining orders, peace bonds, probation or bail orders)?**

Yes  No  Don't know

### 3. Dependents / Children – (If Applicable)

List the number of all dependents in household: \_\_\_\_ Of that number, how many are under 18? \_\_\_\_

Have you talked with your children about the current situation? (If you have more than one child, please mark your answer for the oldest child)

Yes, quite a lot

Not at all

Yes, to some extent

Not yet

### 4. Notes from Aid

**NOTE:** Please do not fill this out. This is only for your legal aid advisor.

Please tick this box to show you have read the following paragraph:

- This form is PRIVATE AND CONFIDENTIAL. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to another person. Otherwise, we will not share any of this information without asking for your permission.
- Waiver of Claims.** I fully acknowledge and agree that this is **NOT LEGAL REPRESENTATION** and I have no offsets, defenses, claims, or counterclaims against the Alapaha Circuit Legal Aid or its officers, directors, employees, attorneys, representatives, parents, affiliates, predecessors, successors, or assigns with respect to the advice given or otherwise, and that if I now have, or ever did have, any offsets, defenses, claims, or counterclaims against the Alapaha Circuit Legal Aid or its officers, directors, employees, attorneys, representatives, affiliates, predecessors, successors, or assigns, whether known or unknown, at law or in equity, from the beginning of the world through this date and through the time of execution of this Agreement, all of them are hereby expressly WAIVED, and I hereby RELEASE Alapaha Circuit Legal Aid and its officers, directors, employees, attorneys, representatives, affiliates, predecessors, successors, and assigns from any liability therefor.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Case Number – (If Applicable)