Who Referred You?	QUESTIONNAIRE			
Failure to FULLY complete this form may (You may use opposite side of p				
YOUR INFO: Gender: M F	SPOUSE'S INFO: Gender: M F			
Name:	Name:			
Maiden Name:Phone#:	Name:Spouse's maiden name/Surname:			
Email:	SS#:			
SS#:	Date Of Birth:			
Date Of Birth:				
	Spouse's Current Address:			
Applicant's Current Address:				
Mailing Address: (If living with spouse, must have				
separate mailing address)	MARRIAGE INFO:			
	When was the marriage?			
	Where was the marriage?			
	Was it a civil marriage or a religious marriage?			
	CIVIL / RELIGIOUS			
(If separated) When did you separate?				
(If separated) When did you separate?(If separated) Who left the marital residence first? YOU / SPOUSE				
Brief reason why:				
Difer reason wity.				

How many people do you live with (including self)?_____

DOB

Gender

Relationship to You

NAME

CHILD INFO :			
Please list below, ALL of	YOUR Children, inclu	ding adult ch	nildren:
NAMES:	DOB:	<u>Gender</u>	Spouse's Child (Y/N)
Who do the minor childr If Other: Who?	en currently reside v	vith? YOU	/ SPOUSE / OTHER:
Is there a	court order?		
If any are NOT your spou	use's child, do you ha	ve a	
	Paternity Order		YES / NO
	Acknowledgement of	of Paternity	YES / NO
Maran Parkala All of	VOLID CDOLLCE/C OTL	IED Children	Contraction of the declaration
Please list below, ALL of			including adult children:
NAMES:	DOB:	<u>Gender</u>	
Are you in Court now for	r anything?		
Do you have any court o	rdors for the shildre	a vou bavo v	vith your spouse? YES / NO
If Yes, check all that y		ii you iiave v	vitii your spouse: TES / NO
Adoption	ou nave.		
Paternity			
Child Supp	ort		
Custody/V			
Other: (Sp	ecify)		
Has there ever been an (Order of Protection f	iled: YES	/ NO
- Who was it against?			
- Was it through Crimina	l Court, or Family Cou	irt? CRIMIN	AL / FAMILY
- Has it Expired?			
Has CPS (Child Protective What year?	e Services) ever beer	involved?	YES / NO
Who was investigated?			
Were they indicated?			
Did any agency file in Far	nily Court to remove	or monitor v	our children: YES / NO
, 5 ,	,	•	•

Are you registered as a sex offender?
Is your spouse registered as a sex offender?

PROPERTY:

НО	USE:	(<u>YOURS</u>)	(<u>SPOUSE'S</u>)
-	Address:		
-	Whose name is the title in?		
-	Whose name is the mortgage in?		
-	How much is owed on the house?		
-	How much is the house worth?		
-	When was the house acquired and h	iow?	
VE	HICLE:	(<u>YOURS</u>)	(<u>SPOUSE'S</u>)
_	What is the make/model?		
-	Whose name is the title in?		
-	How much is owed on the vehicle?		
-	Whose name is the loan in?		
-	How much equity is there in the veh	icle?	
-	When was the vehicle acquired and	how?	
		did you/they serve?	
	IZENSHIP:		
	vlong have you lived in New York Stat		
You	r primary language:	ENGLISH / OTHER:	
(If o	ther Language):	REQUIRES INTERPETER /	SPEAKS SOME ENGLISH
Cou	ntry of birth:	USA / OTHER:	
(If B	orn outside of USA):		
Wha	at was your status of entry into the US	A?	
(Ref	ugee/Student Visa/Travel Visa/Somebody	Petitioned for Applicant, etc.)	
Wha	at was your current status in the USA?		
-Eth	nicity:		
-Cou	untry before USA:		
	e of entry into USA:		
	ce of original entry into USA:		

FINANCES: How do you support yourself? (Check all that apply) \$ _____ per hour / wk / biwk / month YOU Job Where do you work: _____ SSI \$_____ per month _____ SSD \$_____ per month _____ Cash Asst. \$_____ per month _____ Food Stamps \$_____ per month _____ Housing Asst. \$_____ per month _____ Worker's Comp \$_____ per month \$_____ per month _____ Unemployment per month Other **List Household Members and their Job or Benefits:** For your spouse's income: Where do they work? How much do they make? If unknown: When you last knew, how much did they make? _____ Were they able to make at least minimum wage?_____ Were they able to work full time? If not, why not?_____ Do you have any retirement? YES. NO. Does spouse have any retirement? YES. NO. Do you or your spouse have any other financial assets of any kind? (Stocks, Savings Bonds, Financial Investments etc.) Are there any debts in your name that you think your spouse should pay?

(If YES, list who the money is owed to and the amount owed)

Are you asking for any of the following? If YES, check all applicable: Alimony Child Support Custody of Children Visitation with Children	YES / NO				
Will your spouse ask for any of the following? YES / NO If YES, check all applicable: Alimony Child Support Custody of Children Visitation with Children DIVORCE CASE: Do you currently have a divorce case pending?					
YES, I have an index number.	NO, I would like to file a divorce.				
What County?					
Are you Plaintiff or Defendant? JUDGE: Court DATE/TIME: Index #:	Uncontested – spouse and I agree. Contested – spouse will not agree.				
Spouse's Lawyer:					
Childrens' Lawyer:					

Rev. 07/11/2021

INSTRUCTIONS

Failure to fully complete the Questionnaire will result in a delay in processing.

Please return the completed intake to our office. This can be done by mail, fax or hand delivery to the following address:

Legal Aid Bureau of Buffalo, Inc. 290 Main St., Ste. 400 Buffalo, NY 14202

Attn.: INTAKE

Fax: (716) 853-3219



HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

<u>Financial Issues</u>	Renters/Homeowners
□ I am a victim of identity theft	□ I am being evicted
□ I want to request my credit reports	□ My rent is behind
□ I am unable to pay my bills	□ I rent and I think my apartment is unsafe
□ I have a lot of debt	and/or needs repairs
□ I would like help with my benefits	□ My house is facing foreclosure
	□ My mortgage is behind
<u>Family</u>	□ I am homeless
□ I am married and would like a divorce	
□ Other family matters	Barriers to Employment
□ I would like to change my name/child's name	☐ I have criminal convictions that prevent me
□ I cannot afford my child support*	from being hired
□ My license has been suspended because I owe	□ I would like to know if my records can be
arrears (back pay)	sealed
□ I think I have child support orders but am not sure	□ I cannot find a job
* Child support orders must be paid. An attorney can determine whether	•
you can petition for lower payments.	School Aged Children
Fatata Blaumina	☐ My child's school needs are not being met
Estate Planning	□ Home schooling and remote learning rights
□ I would like a healthcare proxy & living will	□ My child needs an IEP
□ I would like to know if I need a Will	•
- Othor:	
□ <u>Other</u> :	
NAME: TE	TI EDHONE NO:
NAMEIE	ELEPHONE NO:
ADDDESS:	
ADDRESS:	· · · · · · · · · · · · · · · · · · ·
NOTES/DETAILS ABOUT VOLID LEGAL ISSUE (uso be	ack of this form for additional
NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use ba	
space):	· · · · · · · · · · · · · · · · · · ·
Doturn this form to us and w	o will call you
Return this form to us and w	e will call you.
ATTORNEY/STAFF USE ONLY:	
Applicant was called on: Appointment scheduled for:	
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	4000 1 740 000 0000 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7
290 Main Street Suite 400 Buffalo. New York 14	42U2 p. /16.853.9555 f. 716.853.3219