

THE LEGAL AID BUREAU OF BUFFALO, INC. GENERAL INTAKE FORM

APPLICANT'S NAME *(please print)* _____

ADDRESS _____ CITY & STATE _____ ZIP CODE _____

PHONE NUMBER _____ REFERRED BY _____

AGE _____ DATE OF BIRTH ____/____/____ SS # ____/____/____ CITIZENSHIP _____

VETERAN (CIRCLE ONE): YES NO

SPOUSE'S NAME _____ AGE _____ DATE OF BIRTH _____

SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

NUMBER OF CHILDREN IN HOUSEHOLD _____ AGES _____

TOTAL HOUSEHOLD MEMBERS *(Include Yourself)* [_____]

HOUSEHOLD INCOME SOURCE(S):

Employer/Income Source

YOUR INCOME _____ \$ _____ Per _____

SPOUSE INCOME _____ \$ _____ Per _____

OTHER INCOME _____ \$ _____ Per _____

TOTAL YEARLY HOUSEHOLD INCOME [_____]

INFORMATION REGARDING THE NATURE OF YOUR PROBLEM:

Signature

Date

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

Financial Issues

- I am a victim of identity theft
- I want to request my credit reports
- I am unable to pay my bills
- I have a lot of debt
- I would like help with my benefits

Family

- I am married and would like a divorce
- Other family matters
- I would like to change my name/child's name
- I cannot afford my child support*
- My license has been suspended because I owe arrears (back pay)
- I think I have child support orders but am not sure

* Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

Estate Planning

- I would like a healthcare proxy & living will
- I would like to know if I need a Will

Other: _____

Renters/Homeowners

- I am being evicted
- My rent is behind
- I rent and I think my apartment is unsafe and/or needs repairs
- My house is facing foreclosure
- My mortgage is behind
- I am homeless

Barriers to Employment

- I have criminal convictions that prevent me from being hired
- I would like to know if my records can be sealed
- I cannot find a job

School Aged Children

- My child's school needs are not being met
- Home schooling and remote learning rights
- My child needs an IEP

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): _____

Return this form to us and we will call you.

ATTORNEY/STAFF USE ONLY:

Applicant was called on: _____ Appointment scheduled for: _____