

## POST-MAT INTAKE QUESTIONNAIRE

Applicant Referred by: \_\_\_\_\_

Circle all options that apply, or fill in blanks as needed. **PLEASE PRINT ANSWERS LEGIBLY.**

Failure to *FULLY* complete this form may result in delay or rejection of application.

**(You may use opposite side of page for more space, if needed.)**

<p><b><u>APPLICANT'S INFO:</u></b> Gender: M F</p> <p>Name: _____</p> <p>Maiden Name: _____</p> <p>Phone#: _____</p> <p>Email: _____</p> <p>SS#: _____</p> <p>Date Of Birth: _____</p> <p>Current Address:</p> <p>_____</p> <p>_____</p> <p>Mailing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b><u>EX'S INFO:</u></b> Gender: M F</p> <p>Name: _____</p> <p>Ex's maiden name/Surname: _____</p> <p>SS#: _____</p> <p>Date Of Birth: _____</p> <p>Ex's Current Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### **DIVORCE INFO:**

What Court did your divorce? \_\_\_\_\_

When was the Divorce Finalized? \_\_\_\_\_

### **POST-MAT ISSUE:**

Briefly describe the post-mat issue or issues:

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## **FINANCES:**

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

How do you support yourself? (Check all that apply)

YOU            \_\_\_\_\_ Job            Amount  
\$ \_\_\_\_\_ per hour / wk / biwk / month

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  
\_\_\_\_\_ Unemployment        \$ \_\_\_\_\_ per month  
\_\_\_\_\_ Other            \$ \_\_\_\_\_ per month

List the names of all other Household Members and their Job Income or Benefits:

## **PENDING CASE:**

Do you currently have a post-mat case pending?

**YES,**

JUDGE:  
Court DATE/TIME:  
Index #:

Spouse's Lawyer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Childrens' Lawyer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO, I would like to file.**



# 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: \_\_\_\_\_