

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

Interpreter Needed \_\_\_\_\_

Today's Date: \_\_\_\_\_



## Santa Fe Family Law Clinic Intake Form

Please answer the following questions to the best of your ability. **We cannot process your application for the legal clinic unless you complete this application in full.** The information you provide is kept strictly confidential as we only collect this information to determine your eligibility and help us keep track of what services we have provided.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Residence Type (ex: apt, rented home, condo, shelter, motel):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Male  Female  Prefer not to answer

**Best way to contact you:**  Phone call  Text message  Email

**Do you need an interpreter?**  Yes  No **What language?** \_\_\_\_\_

**What type of problem can we help you with today? Check the box you think best describes your situation:**

**Family Law Issues ONLY!**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Divorce       | <input type="checkbox"/> Domestic Violence    | <input type="checkbox"/> Other (Describe): _____ |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Paternity            | _____  |
| <input type="checkbox"/> Custody       | <input type="checkbox"/> Guardianship (Minor) | _____  |
| <input type="checkbox"/> Visitation    | <input type="checkbox"/> Family Law Mediation |  |

**For all types of legal issue, briefly describe your legal issue problem** \_\_\_\_\_

**Who else is involved in your legal issue or problem? Please make sure to include the full names and date of birth for all children, and the parents and/or guardians of those children, involved in your issue.**

Name and Date of Birth (if available)	Relationship to You

Do any of the people involved with your legal issue have a lawyer?  No  Yes

If Yes, what is the lawyer's name? \_\_\_\_\_

Do you have a date for a hearing or trial?  No  Yes If Yes, Date and Time: \_\_\_\_\_

Please explain what type of hearing: \_\_\_\_\_

Is there another deadline related to your legal issue or problem you are aware of?  No  Yes

If Yes, Date and Time: \_\_\_\_\_

Please Explain: \_\_\_\_\_

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### Assistance Statement

By signing here, I give permission for the information provided on this form to be shared with an attorney who will be advising me at the clinic, if my application is approved. I agree and understand neither the attorney who will speak with me at the clinic nor NMLA are agreeing to be my legal representative. I understand the attorney will only provide me with brief legal information or advice and may assist me with reviewing or drafting documents during this clinic only.

If the attorney assists me in drafting any documents, I understand the attorney does not assume responsibility for taking later actions or preparing any subsequent documents that may be necessary for my case. I understand the court and/or judge who hears my case is not bound by anything said to me today. I understand I am in charge of handling my own case and I will make my own decisions about how I handle my case. I understand the benefits and risks of such an arrangement and give my complete and informed consent to this limited assistance. Thank You.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Declaración sobre Auxilio Legal:

Al firmar aquí, doy mi permiso para que la información que proporciono en este documento sea compartida con el abogado que está ayudándome. Estoy de acuerdo y comprendo que ni el abogado quien me va proporcionar una consulta hoy mismo ni NMLA me está dando entender que son mi representante. Comprendo que el abogado voluntario solo me va proporcionar con información breve o una consulta o me va ayudar a girar documentos durante este evento. Si el abogado voluntario me ayuda girar documentos, comprendo que con este acto el abogado voluntario no me está asumiendo responsabilidad para pasos siguientes ni para documentos posteriormente cuales sean necesarios para mi defensa. Comprendo que ni la corte ni el juez quien escucha a mi caso está obligado de ninguna manera por lo que se me diga hoy sobre esta consulta. Comprendo que yo solo estoy a cargo de manejar mi propio caso y que yo haré mis propias decisiones sobre a cómo manejar mi caso. Comprendo los beneficios y riesgos de aceptar este arreglo y declaro mi conformidad con este auxilio limitado. Gracias.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

# Client Demographics

\*For statistical use only! Your privacy is important to us.

How did you hear about this legal fair or clinic?

Newspaper    Friend/Family    Radio    Court    Social Media    Flyer    TV    Other: \_\_\_\_\_

Military Service?    No    Active Duty    Reserves    Veteran

Marital Status:    Never Married    Married    Divorced    Separated    Widowed

Race/ Ethnicity:    Hispanic/ Latino    White/ Caucasian    Black/ African American    Asian

Pacific Islander/ Native Hawaiian    Native American/ Alaska Native    Other    Prefer not to answer

Do you have disabilities?:    Yes    No

What is your financial situation? *You must fill this out to the best of your knowledge to be considered for the clinic.*

## Monthly Income (Before Taxes)

Number of Minor Children in Household	
Number of Adults in Household	
Monthly Income from all Sources (including wages, retirement, social security, pension, etc.)	\$
Type of income (ex: employment, SSI, SSDI, retirement, pension, child support, etc.)	
Other Household Members' Income	\$
Type of income of Household Member (ex: employment, SSI, SSDI, retirement, etc.)	
Total Household Income	\$

## Assets

Please put something in each box, even if it is "\$0"

Personal Property	\$
Real Property (not the home you live in)	\$
Checking	\$
Savings	\$
Car(s), RVs, Motorcycles (do not count cars used for regular transportation)	\$
Other	\$
Total Assets	\$

Monthly Debts You Pay (ex: rent, mortgage, credit cards)	Total Amount Owed	Frequency of payment (ex: monthly, annual)	Payment Amount

- Benefits (TANF or State Cash Assistance Only)
- Legal assistance to obtain/maintain benefits for person(s) with disabilities
- Seasonal variations in income
- Unreimbursed Medical or Nursing Home Expenses
- Fixed Debts
- Expenses necessary for employment, job training, or educational activities in preparation for employment
- Nonmedical expenses associated with age or disability
- Current taxes
- Other

**Citizenship**

I am a citizen of the United States:   OR    I am a Lawful Permanent Resident of the United States:

OR    Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
*Name (PRINT PLEASE)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Once this form is completed in full, you can submit your application for the clinic by:**

- 1. Returning it to the staff at the Self-Help Center in the First Judicial District Court;**
- 2. Faxing it to (505) 227-8712, Attn: SANTA FE, or**
- 3. Emailing it to [santafereferrals@nmlegalaid.org](mailto:santafereferrals@nmlegalaid.org)**

**Once your application is received, someone from New Mexico Legal Aid will call you at the phone number you provided on this form to verify whether you are eligible for the clinic. If you are eligible, you will be given a set appointment time for the next available clinic. Please arrive at the courthouse at least 10 minutes before your appointment time, and bring with you any paperwork you have related to your legal issue.**

***Submission of this application alone does not guarantee that you will be able to be seen at the family law clinic. Unless you have been given a set appointment time, do not show up at the next clinic.***