

CALIFORNIA RURAL LEGAL ASSISTANCE, INC. CONFIDENTIAL QUESTIONNAIRE

IMPORTANT – PLEASE READ

The following questions will help to determine if you are eligible for our assistance and help us to advise you about your legal problem.
Any information you give us is strictly confidential. After we discuss your problem with you, we will tell you whether we can assist you in any way, refer you to other agencies for help, or represent you as your lawyers.

Case Number: _____
☐ Telephone ☐ In-Person
Date: _____
Screener: _____ Advocate: _____
Problem Code: _____
Funding Code: LSC / IOLTA / OTHER
Language: Eng/Span/ Other: _____
Closed: _____

NAME _____ Date of Birth _____

SPOUSE/PARTNER _____ Date of Birth _____

ADDRESS _____ CITY _____ ZIP _____

If you move often or have another address, please list on top of page 2 of this form.

PHONE _____ MESSAGE PHONE _____ # of Adults in Home _____ # of Children (under 18) _____

Email address: _____ GENDER (check one): Male _____ Female _____ Non-binary _____

Do you identify as Transgender? YES / NO (circle one)

I CONSIDER MYSELF: (check all that apply)

Heterosexual/Straight _____ Bisexual _____ Gay _____ Lesbian _____ Other _____ Decline to Respond _____

I CONSIDER MYSELF (Check one): Latino/Hispanic _____ Not Latino/Hispanic _____ Indigenous _____ Decline to Respond _____

I CONSIDER MYSELF (Check all that apply):

American Indian/Alaska Native _____ Asian _____ Black/African American _____ Pacific Islander _____ White _____

Other _____ Decline to Respond _____

What language do you prefer to use when communicating with CRLA? _____

U.S. Citizens – Please sign:

I AM A CITIZEN OF THE UNITED STATES. Signature _____ Date: _____

Gross Monthly Household Income

YOU

OTHERS

1. Wages.....	\$ _____	\$ _____
2. TANF/CalWORKS	\$ _____	\$ _____
3. SSI.....	\$ _____	\$ _____
4. Social Security.....	\$ _____	\$ _____
5. Child or Spousal Support.....	\$ _____	\$ _____
6. Unemployment or State Disability.	\$ _____	\$ _____
7. Workers' Comp.....	\$ _____	\$ _____
8. Pension.....	\$ _____	\$ _____
9. Other.....	\$ _____	\$ _____

Total Gross Monthly Income: \$ _____

DO YOU BELIEVE YOUR INCOME WILL CHANGE SIGNIFICANTLY IN THE NEAR FUTURE?

YES / NO If yes, how _____

I receive: General Assistance/Relief ☐ I receive Food Stamps ☐

Domestic Violence in Household? Yes / No
Household Member Veteran? Yes / No
Disabled in Household? Yes / No
Are you a Farmworker? Yes / No
Indigenous? Yes / No

LSC 125% = \$ _____
LSC 200% = \$ _____
Supplemental Intake Attached _____

Telephone Intake only:

____ US Citizen ____ 1626 Eligible

DESCRIBE YOUR PROBLEM: _____

NAMES OF PEOPLE CAUSING PROBLEM: _____

I attest that the information I have given is true.

Signature: _____ Date: _____

Additional Address: _____
Additional Phone number: _____

Name of Employer: _____
Address: _____

ASSETS

Household Assets Enter Zero or an amount on every line

Bank Accounts \$ _____

Include checking and savings.

Equity in Real Estate (including vacant land) ... \$ _____

Do not include the value of your current home.

Stocks, Bonds, IRAs \$ _____

Other Assets \$ _____

TOTAL HOUSEHOLD ASSETS: \$ _____

CRLA Staff Use - Do not write in this box

Possible Authorized Exceptions*:

- ☐ Seasonal variations in income
- ☐ Unreimbursed medical expenses
- ☐ Fixed debts or obligations
- ☐ Employment-related expenses
- ☐ Non-medical expenses associated with age/disability
- ☐ Current tax payments

***Supplemental intake is required.
See CRLA Financial Eligibility Policy**

- ☐ I will lose welfare or public benefits if legal assistance is denied Amount \$ _____
- ☐ I will lose money or income if legal assistance is denied. Amount \$ _____
- ☐ Other harm I will suffer if legal assistance is denied: _____

CRLA Staff Use – DO NOT WRITE IN THIS BOX

1626 Eligible

Title of Document	Number of Document	Date of Expiration	Name if different from above
<input type="checkbox"/> U VISA victim of crime (Victim dom viol or other crime)		<input type="checkbox"/> T Visa (Victim of trafficking)	<input type="checkbox"/> VAWA (Victim of domestic violence)

Information Collector Signature _____

Date _____

- ☐ Client is eligible and accepted for limited service* Initial _____ Date _____ * DA's/DA's delegate's Initials & Date
- ☐ Client is eligible and accepted for extended service* Initial _____ Date _____
- ☐ Eligible & Accepted. Income in between 125%-200%. Supplemental Intake with DA approval attached
- ☐ Eligible and Accepted. Waiver (assets or nursing home income). Supplemental Intake with ED Approval attached

CLOSING THE CASE

1. Confirm funding and problem codes

2. Choose major reason case closed

- ☐ A – Counsel and Advice
- ☐ B – Limited Action (letter, call to 3rd party)
- ☐ F – Neg Settlement without Litigation
- ☐ G – Neg settlement with Litigation
- ☐ H – Administrative Agency Decision
- ☐ I – Court Decision
 - ☐ a – Uncontested Court Decision
 - ☐ b – Contested Court Decision
 - ☐ c – Appeals
- ☐ L – Extensive Service
- ☐ Q – Untimely
- ☐ R – Rejected after case acceptance

REJECTION REASON

- ☐ Conflict (no credit)
- ☐ Duplicate (no credit)
- ☐ No show/No service (no credit)
- ☐ Not eligible: income, assets, alienage, problem code, out of area
- ☐ Other Service Credit
- ☐ Referral Only

OTHER SERVICE REPORTING CODE:

- ☐ CLE
- ☐ Legal Ed Brochures
- ☐ Self Help Kits (Pro Se Materials)
- ☐ Workshops or Clinics
- ☐ Referral to Other Civil Legal Services
- ☐ Referred to Private Bar
- ☐ Referred to Human/Social Services
- ☐ Not "Other Service" credit

COMMENTS: