

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

*If you are a U.S. Citizen, sign below. This is for funding purposes only. **Do not sign** if you are not a U.S. Citizen or if you are not sure of your immigration status. Your status does not affect getting help from us.

I am a citizen of the United States (sign here):

Date: _____

Gender: _____

Pronouns: _____

Spouse or roommate names:

How many adults in your household?

How many children in your household? (list ages)

What is your preferred language?

What is your race/ethnicity?

Are you or anyone in your household a veteran? Yes No

Have you or anyone in your household experience domestic violence? Yes No

Do you receive SNAP ? Yes No

Medical Assistance? Yes No

What is your monthly household income before taxes? (list income from all persons living in your household)

Type of income	Amount (\$)
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Employment	
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Unemployment Comp	
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Child Support	
---------------	--

General Assistance	
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MFIP	
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Social Security Retire	
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RSDI Disability	
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SSI Disability	
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Other	
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Other	
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Total	
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Asset	Amount(\$)
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Cash	
------	--

Bank Account (Checking/Savings)	
---------------------------------	--

Vehicle	
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Value of Home	
---------------	--

Mortgage Balance	
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Other	
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Monthly Expenses	Amount (\$)
Rent	
Utilities	
Other	
Other	

Landlord's name:

Has your landlord done anything to make you feel unsafe in your home? If yes, how?

Does your home/apartment need repairs?

Can we contact you about the help or services you receive today? Yes No

Best time to call:

Where did you hear about this clinic?

The Ramsey County Housing Clinic lets me talk to a volunteer lawyer, **free of charge**. The lawyer can only give me advice or brief services on my housing problem today. I understand that the lawyer I meet with today will not provide any help after our meeting. A separate written agreement is needed if the lawyer decides to help further. I understand that the opposing party may now, or in the future, be represented by the lawyer's law firm, but not on this case. **Anything I tell the lawyer today is privileged and confidential. I agree that my information may be shared with others if needed to help me in this matter.**

Client signature: _____ Date: _____

Date: _____ Time: _____

Attorney: _____ Firm/Company: _____

Student or clinic assistant: _____ Interpreter: _____

SMRLS Problem Code: _____

Brief description of legal problem:

Action/Advice:

Court Case #:

Areas of Law:

Eviction Action Other _____

Attorney Services Provided:

<input type="checkbox"/> Legal Advice Only	<input type="checkbox"/> Court Representation	<input type="checkbox"/> Negotiated Settlement
<input type="checkbox"/> Drafted Documents	<input type="checkbox"/> Other:	

Attorney Time with Client:

Student or Clinic Assistant Time:

Referrals:

	<input type="checkbox"/> <i>Emergency Assistance (on site)</i>	<input type="checkbox"/> <i>Mediation (on site)</i>
<input type="checkbox"/> VLN for ongoing rep.: Attorney must submit online form at: https://www.formstack.com/forms/VLN-HCPreferral	<input type="checkbox"/> SMRLS for ongoing representation: 651-222-5862	
<input type="checkbox"/> Ramsey County Attorney Referral: 651-222-0846 or ars@ramseybar.org	<input type="checkbox"/> Ramsey County Law Clinic Tuesdays from 1PM to 4PM at the Ramsey County Courthouse Library	
<input type="checkbox"/> U.S. Attorney's Office (612)664-5600 (Housing Discrimination)	<input type="checkbox"/> Other	