INTAKE

Court Information:

Cause #(s): _____

Defense Attorney: _____ Prosecutor: _____

Demographics:

Clients Name: _____

Address: _____ Homeless ☐ Yes ☐ No

_____ Shelter/Place Client Stays: _____

Telephone: _____ Message: _____ Email: _____

Gender: ☐ Male ☐ Female DOB: _____/_____/_____

Racial Background (self-identified) _____

If Native American, self-identified tribal affiliation _____

Veteran Status: _____ Immigration Status: _____

Collateral Issues:

Identify the following that are impacted due to pending charges and/or convictions:

☐ Public Housing ☐ Employment ☐ Driver's License ☐ Child Protection ☐ Child Custody ☐ TRO

☐ Other _____

Identify the following issues you suspect contribute to your client's involvement in the justice system:

☐ Mental Illness ☐ Chemical Dependency ☐ Cognitive Delays ☐ TBI ☐ Disability
☐ Other _____

Accessing Services:

Identify the following services available to your client for collateral issues and/or contributing factors:

☐ OPD Social Work ☐ OPD Psychology ☐ Pro Se Clinic ☐ Contracted LAC ☐ Other _____

Community Resources:

☐ Veteran's Services ☐ MT Legal Services ☐ Specialty Court ☐ Other _____

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