

Pro Bono Legal Services Initial Screening Questionnaire

Full Name

Date of Birth

Residential Address

Phone Number

Email Address

Annual Household Income

Number of People in Household

Employment Status

Brief Description of Legal Issue

Name of Opposing Party (if any)

Have you received legal assistance on this matter before?

☐ Yes ☐ No

If yes, please provide details

Are you currently represented by another attorney for this issue?

Other Relevant Information

