

CITIZENSHIP STATUS

I am a citizen of the United States. _____

Signature

Date

We may be able to assist you if you are not a U.S. citizen. Please talk to an LLA staff member about eligibility.

CLIENT INFORMATION

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____

Alias(es) or Former Name(s): _____

Phone#: _____ Phone type: Mobile Home Work Friend's Phone

Safe to Call? Yes No Safe to leave voicemail? Yes No Safe to text you? Yes No

Street Address: _____ City/State: _____

Zip Code: _____ Is it safe for us to mail documents to this address? Yes No

Email: _____ Is it safe for us to email you? Yes No

Who referred you to Lakeshore Legal Aid? _____

LEGAL ISSUE INFORMATION

Describe your legal problem: _____

Court: _____ Case Number: _____

Any important dates coming up in your case? Yes: _____ No

Other/opposing party's name: _____

First, Middle and Last Name -OR- Company Name

Has this person been known by other names? Yes: _____ No

Other party's DOB: _____ Other party's address: _____

CLIENT FINANCIAL DETAILS

Please list the number of people in your household: Adults: _____ Children: _____

Please list all sources of household income below including employment, support, pension, SSA/SSI/SSD, cash assistance, etc.

If you or another adult in the household have no income, please also indicate that below.

Your gross income: \$ _____ hourly: _____ # of weekly hours p/wk every 2 weeks p/mo p/yr

Source (employment/support/etc): _____

Other gross income: \$ _____ hourly: _____ # of weekly hours p/wk every 2 weeks p/mo p/yr

Source(s): _____ Name of whose income this is: _____

Names of other adults in household	DOB and Relationship(s) to you:	Income included above?
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

Is your income likely to change soon? No Likely to increase (describe) Likely to decrease (describe)

Prospects for increased/decreased income: _____

VALUE OF YOUR CURRENT ASSETS (List \$0 if none – do not leave blank)

Cash/Checking/Savings: \$ _____ Stocks/Bonds/CDs/Trusts/Life Ins: \$ _____

Personal Property/Extra Car: \$ _____ Real Property (not primary residence): \$ _____

Valuable asset(s) that can be converted to cash: \$ _____

Public Benefits: Medicaid Food Assistance Cash Assistance None Amount: \$ _____

Do you own the home you live in? Yes No Identify home & estimated value: \$ _____

Any property that produces income? Yes No Identify property & estimated value: \$ _____

Other assets exempt from attach by law (pension funds, IRA, 401k, 403b, etc.)? Yes (list below) No

List assets and the value of each: _____

Do you have a vehicle(s) that you use for transportation? Yes (list below) No

List vehicles and estimated value of each: _____

EXPENSES (Type and monthly amount, ex. work uniform, medical insurance premiums or co-pays)

Rent/Mortgage: \$ _____ For: _____

Work Related: \$ _____ For: _____

Medical: \$ _____ For: _____

Fixed debts (garnishment): \$ _____ For: _____

Current taxes: \$ _____ For: _____

Non-medical age/health: \$ _____ For: _____

Car payment/insurance: \$ _____ For: _____

Child/spousal support payment: \$ _____ For: _____

Child care: \$ _____ For: _____

Student loan: \$ _____ For: _____

CLIENT DEMOGRAPHICS

Gender: Male Female Transgender Male Transgender Female Non-binary/Non-Conforming
 Category not listed Prefer not to say

Pronouns: He/him/his She/her/hers They/them/theirs Xe/xem/xyr Ze/zir/zir
 Another not listed Prefer not to say

LGBTQIA+ Status: Straight/Heterosexual Lesbian Gay Bisexual Another not listed Prefer not to say

Primary language: English Spanish Arabic ASL Other: _____

Marital Status: Single Married Separated Divorced Widow(er) Partnered

Are you: Latinx Non-Latinx

Ethnicity/Ethnicities: White Black Latinx Native American Asian Pacific Islander
 Middle Eastern Another Ethnicity Not Listed: _____

Tribal Affiliation: Yes: _____ No

Type of housing: House Apt. Mobile Home Friend/Family Shelter Condo Other _____

Do you: Own or Rent Have lead paint? Yes No Any foreclosure risk? Yes No

Do you receive a subsidy? Yes No

Do you have any disabilities? Yes No If yes, disability description: _____

Are you a veteran? Yes No Is anyone else in your household a veteran? Yes No

Domestic Violence? Yes No Elder abuse? Yes No
If yes, type: Physical Sexual Emotional Verbal Stalking Financial Abuse

Has your household experienced a COVID Hardship? Yes No Describe: _____

FAMILY LAW ASSISTANCE PROJECT
CLIENT QUESTIONNAIRE

Your Full Name: _____

How did you hear about us: _____

Section A. JURISDICTION and LITIGATION QUESTIONS

How long have you lived in Michigan? _____

What county do you live in: _____ and how long have you lived there: _____

Have you and the other party ever had a court case together? YES NO

If "yes" answer the following questions:

What type of case (circle all that apply)

DIVORCE CUSTODY PARENTING TIME PATERNITY GUARDIANSHIP OF A MINOR

CHILD SUPPORT SPOUSAL SUPPORT PERSONAL PROTECTION ORDER

ENFORCEMENT OF ORDER OR JUDGMENT OTHER: _____

What county and judge: _____

Have you **recently** received or sent court papers for this case? YES NO

When did you receive these papers? _____

How did you receive these papers? Circle one Personally handed to me/Mail/Other: _____

Is there an upcoming court date? YES NO

When: _____

What's the purpose of the hearing? _____

Section B. ARE YOU HERE TO TALK ABOUT DIVORCE, ANNULMENT, or LEGAL SEPARATION?

YES NO If "yes" answer the following questions. If "no" go to section C.

Date of marriage: _____

Date separated: _____

What is your spouse's source of income? (circle one) Work Disability None Other _____

How much money does **your spouse** receive monthly? _____

How much money do **you** receive monthly? _____

Do you have any pension benefits? YES NO

If "yes" answer the following question:

When did you start earning pension benefits? _____

Have you taken any loans against these benefits? YES NO

Does your spouse have any pension benefits? YES NO

If "yes" answer the following question:

When did you start earning pension benefits? _____

Have you taken any loans against these benefits? YES NO

Do you own real property? YES NO

If "yes" answer the following questions:

When did you buy the property? _____

Do you own the property with anyone else? YES NO

If "yes" who owns the property with you? _____

How much did you pay for the property? _____

How much is it worth? _____ and how much is owed? _____

Does your spouse own real property not listed above? YES NO

If "yes" answer the following questions:

When did your spouse buy the property? _____

Does your spouse own the property with anyone else? YES NO

If "yes" who owns the property with your spouse? _____

How much did your spouse pay for the property? _____

How much is it worth? _____ and how much is owed? _____

Do you have any other financial assets (IRA, 401k, US Savings Bonds, Coin Collection, etc.)?

YES NO If yes, please tell us what kind of asset it is and its value:

Does your spouse have any other financial assets (IRA, 401k, US Savings Bonds, Coin Collection, etc.)?

YES NO If yes, please tell us what kind of asset it is and its value:

Is there anything else you want us to know about your divorce? _____

Section C. HAS THERE EVER BEEN DOMESTIC VIOLENCE IN YOUR RELATIONSHIP WITH THE OTHER PERSON IN THIS CASE?

YES NO If "yes" answer the following questions. If "no" go to section D.

Please circle all that apply:

- YES NO Has there been any physical confrontation between the two of you (have you ever been struck, hit, strangled, choked, shoved, pushed, restrained)?
- YES NO Are you afraid of him/her?
- YES NO Has he/she ever used or threatened to use a weapon to harm you?
- YES NO Has he/she ever threatened to kill or injure you? A family member? A co-worker?
- YES NO Has he/she ever damaged or destroyed your property? Your children's property?
- YES NO Has he/she ever threatened to harm your pets? Your children's pets?
- YES NO Have you or any family members ever sought medical treatment as a result of an injury caused by him/her?
- YES NO Has he/she stalked you, interfered with your work or education, made repeated phone calls, or sent numerous emails, unwanted letters or gifts?
- YES NO Has he/she ever prevented you from having contact with family or friends?
- YES NO Has he/she ever denied you access to money for food, shelter, medical needs, or clothing?
- YES NO Has he/she ever threatened to hurt or kill him/herself?

When did the first incident happen? _____

When did the most recent incident happen? _____

When and what happened during the worst incident? _____

Have you or the other party ever applied for a Personal Protection Order against the each other?

YES NO. If "yes" answer the following questions:

Who filed? _____

What court was it filed in? _____, was it granted? YES NO

When does/did it expire? _____

Have you or the other party ever been found in contempt of court for violating the PPO? YES NO.

When? _____

Have you or the other party ever been charged criminally with domestic violence against the each other?

YES NO. If "yes" answer the following questions:

Who was charged? _____

When where they charged? _____

Is the case still pending? YES NO

Is there a no contact order? YES NO

Is there anything else you want us to know about the domestic violence in your relationship with the other party?

Section D. ARE YOU HERE TO TALK ABOUT CUSTODY, PARENTING TIME AND/OR CHLD SUPPORT?

YES NO If "yes" answer the following questions. If "no" go to section E.

Is there a court order regarding custody, parenting time and/or child support? YES NO

If yes does it include all the children? YES NO

When and where was it entered? _____

Please list the minor children you have with the other party OR children born during your marriage.

<u>Name</u>	<u>Date of Birth</u>	<u>Who does child live with?</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

What is the current parenting time arrangement (whether court ordered or not)?

Do you have any concerns about the safety of your children? If yes, please explain why:

Has the other person ever threatened to stop, or stopped, you from seeing the children?

YES NO If yes, please describe when and what happened: _____

Do YOU have minor children not with the other party? YES NO If yes, complete following:

Name Date of Birth What is the other parent's full name

Does the OTHER PERSON have minor children with someone else? YES NO If yes, complete following:
Name Date of Birth What is the other parent's name

Has Child Protective Services (CPS) been involved with your family? YES NO
If yes, please provide **why was CPS involved, when this occurred and what was the outcome:**

Do either you or the other party use or abuse drugs or alcohol? YES NO
If yes, please list **who is involved with what substance and whether there has been involvement with the police or treatment** in relation to the substance use or abuse.

Have you or the other party ever been arrested for, or convicted of any crime? YES NO
If yes, please **explain who was charged with what, when:**

Is there any other legal issue that you are experiencing that may impact custody and/or parenting time?

Section E. ARE YOU HERE TO TALK ABOUT ENFORCING or CHANGING A COURT ORDER FOR SOMETHING OTHER THAN CUSTODY, PARENTING TIME, and/or CHILD SUPPORT?

YES NO

If "yes" answer the following questions. If no, please bring your completed questionnaire to the check in table.

When and in what court was the Order entered? _____

If you do not have a copy of the Order, we will not be able to provide you with advice specific to your problem. If the Order was entered in Oakland County Circuit Court you can get a copy from the court clerk located on the ground floor of the main court house which is across the circular drive from the building we are currently in.

Are you trying to make the other party follow the court Order? YES NO

What was he/she supposed to do that is not being done? _____

Are you trying to change the court Order? YES NO

What do you want to change and why? _____
