

THE SOUTHWEST LOUISIANA LAW CENTER, INC.

INTAKE APPLICATION
(Please answer every question)

APPLICANT'S NAME:

LAST FIRST MIDDLE

ADDRESS SSN: Date of Birth:

CITY STATE ZIP Place of Birth:

Do you live in: North Lake Charles Westlake Mossville

Telephone: Age: Race: Sex:

Message No. Marital Status: Single Married Separated Divorced Widowed

E-mail Address:

Parish of Residence: U.S. Citizen: Yes No

SPOUSE'S NAME (if married):

NO. IN HOUSEHOLD:

Ages 0 to 17
Ages 18 to 59
Ages 60 & Over

TOTAL IN HOUSEHOLD:

GROSS MONTHLY INCOME: EARNED

Wages (Applicant)
Wages (Applicant)
Wages (Others)
Self - Employment

INCOME PER MONTH: UNEARNED

AFDC
Social Security
SSI
Unemployment Compensation
Child Support
Alimony
Retirement /Pension
Other

TOTAL HOUSEHOLD INCOME:

WHO IS THE ADVERSE PARTY?

WHAT TYPE OF SERVICE DO YOU NEED?

DATE

APPLICANT'S SIGNATURE