



Attorney Screening Sheet

(Please Review With Client On First Visit)

Please Mark Those Areas Where You Have A Need or Concern:

1. Public Benefits

- Does Client Currently Receive Benefits?
 - _____
 - _____
 - _____
- Is Client Interested In:
 - Food Stamps
 - TANF
 - Medicaid
 - Social Security
- Has client applied for any of the above?
- Has client been denied any of the above?
- Does Client Currently Receive A PFD?
- If not, why not?

2. Housing

- Does client have stable housing?
- Is client's home safe?
- Does Client Owe a Landlord?
- Does client Own a Home?
- Has client been excluded from his/her home?
- Is your landlord maintaining your house? (BIA?)
- Has client been threatened with eviction?

3. Special Education/School

- Has the client/child had problems with truancy?
- Has the client/child been held back?
- Is the client/child getting what they need from school?
 - Child is in Special Education?
- Client or Child Has IEP?
- Have client or child been denied SPED services?
- Have client or child Been Suspended?

4. Veteran

- Is client currently serving?
- Do they receive benefits?

5. Family Law

- Does client have children?
- Does client live with other parent?
- Are children in client's custody?
- Has client been denied visitation?
- Does client have a child on "out of home safety plan" with OCS?
- Does client need a delegation of parental duties while in custody?
- Is client married?
- Does client need assistance with divorce?
- Is client subject to harassment or abuse?

6. Disability

- Does client have a disability?
- Does client receive any disability benefits?
- Has client experienced discrimination or denial of services as a result of disability?

8. Debt / Child Support

- Does client have enough money?
- Does client pay debt on a credit card, mortgage, rent to own, etc....
- Does client pay child support?
- Is client's PFD or paycheck being garnished?
- Does client receive an annuity of any kind?

9. General Civil

- Wills/Probate
- Personal injury
- Employment dispute