

GTC LEGAL RESOURCE CENTER CLIENT INTAKE FORM

(Please Print)

Today's Date:

CLIENT INFORMATION

Client's Last Name			First	Middle	Marital Status (Circle One) Single / Married / Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal / maiden name?			Birth Date / /	Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address	City	State	ZIP Code	Enrollment #:	Home Phone No. ()	
P.O. Box	City	State	ZIP Code		Cell Phone No. ()	
Occupation	Employer			Employee #:	Work Phone No. ()	
Email Address:					<input type="checkbox"/> I authorize emails concerning my case	

OPPOSING PARTY INFORMATION

Opposing Party Last Name			First	Middle	Marital Status (Circle One) Single / Married / Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is this their legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is their legal / maiden name?			Birth Date / /	Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address	City	State	ZIP Code	Enrollment #:	Home Phone No. ()	
P.O. Box	City	State	ZIP Code		Cell Phone No. ()	
Occupation	Employer			Employee #:	Work Phone No. ()	
Email Address:						

CASE INFORMATION

Do you have any cases currently filed in the Oneida Judiciary? Yes No (If yes, provide case # and brief explanation of the case below)

Do you currently have Representation? Yes No (If yes, please provide name and contact information of counsel below)

Do you have any cases pending or past cases, in relation to this filing, in any other court/jurisdiction? Yes No
(If yes, please explain below)

Check box of court proceedings: Family Court Trial Court Appellate Court

Description of case:

SUPPLEMENTAL INFORMATION

Oneida Nation Enrolled Tribal Member

Oneida Nation Descendant

Other Tribal Affiliation

(Please Indicate Tribe) _____

Non - Indian

Oneida Nation Employee

Place of Employment _____

ADDITIONAL INFORMATION

Client
Signature

Date

OFFICE USE ONLY:

Accept: _____

Deny: _____

Date & Initials: _____