

<b>DISASTER LEGAL SERVICES INTAKE FORM</b>	
<b>DATE:</b>	<b>DISASTER NUMBER:</b>
<b>NAME OF APPLICANT:</b>	<b>COUNTY OF RESIDENCE AT TIME OF DISASTER:</b>
<b>CURRENT TEL. NO:</b>	<b>BEST TIME TO CALL:</b>
<b>CURRENT ADDRESS:</b> <i>(Street, City, Zip)</i>	<b>PRE-DISASTER ADDRESS (if different):</b> <i>(Street, City, County, Zip)</i>
<b>LEGAL PROBLEMS (use reverse if needed)</b>	
<b>MISCELLANEOUS</b>	
Has the caller registered for FEMA services? (not required but encouraged) Yes No Does the caller otherwise have access to legal services? Yes No Is the request related to the disaster? Yes No Does the request involve a free-generation case? Yes No Will this call be referred to a volunteer lawyer? Yes No Area(s) of law for referral _____	
<b>TAKE VOLUNTEER NAME:</b> <i>(Print)</i>	<b>TAKE VOLUNTEER SIGNATURE:</b>

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1 This form was utilized during the Hurricane Katrina 2005 disaster in Louisiana as *legal services were delivered under terms of agreement between Young Lawyers Division of the American Bar Association and FEMA*