THE FUTURE PARALEGALS OF AMERICA
A New Jersey Nonprofit Corporation

The Future Paralegals of America A NJ Non-Profit Corporation
501(c)(3) Public Charity • EIN 99-4916691
Office: 929-469-2583 • Fax: 833-373-0079 • Email: intake@thefutureparalegalsofamerica.org
Website: www.thefutureparalegalsofamerica.org

New Client Intake Form

LEGALITY OS™ · Form INTAKE-03

Fill in what you can — there are no wrong answers. Type into this form on a computer, then upload it at the FPOA upload page. An intake representative will follow up.

1. APPLICANT INFORMATION

First name

Last name

Preferred name

Date of birth (MM/DD/YYYY)

Phone

Email

Street address

City

State

ZIP

County

Preferred contact method: ◯ Phone ◯ Email ◯ Text ◯ Mail

Preferred language

☐ I need an interpreter (no cost to you)

2. HOW CAN WE HELP YOU?

Check all that apply. If you are not sure which category fits, check your best guess and describe it in section 3.

Legal

☐ I have a legal case ☐ Legal research ☐ Notary ☐ Other legal

If you have a case, what is it about?

☐ Housing / eviction ☐ Family law ☐ Public benefits ☐ Employment
☐ Consumer / debt ☐ Record clearing ☐ Wills / estate planning ☐ Immigration

If you check Immigration, do not write immigration status details on this form. An authorized staff member will follow up privately.

Education

☐ Paralegal training, workshops, or classes

Community

☐ Housing ☐ Personal needs ☐ Career ☐ Other

If other legal, describe

If other community need, describe

Is this urgent?

☐ Yes — I have a deadline or court date soon

Deadline or court date (MM/DD/YYYY)

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3. TELL US ABOUT YOUR SITUATION

What happened, what you are hoping for, and any deadlines or upcoming court dates.

Your situation

4. PEOPLE OR ORGANIZATIONS ON THE OTHER SIDE

Landlord, employer, agency, company, or person. Separate names with commas. We use this to check for conflicts.

Names

5. DOCUMENTS YOU CAN PROVIDE

Check what you have. Please send copies, not originals.

- ☐ Photo ID
- ☐ Lease / housing papers
- ☐ Court papers / notices
- ☐ Proof of income
- ☐ Benefit letters

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6. HOUSEHOLD

Everyone who lives with you and shares income or expenses.

Household size (including you)

Name	Relationship	Age

7. INCOME & BENEFITS

Gross household income before taxes. Used for program screening only; it does not decide eligibility.

Household income amount ($)

How often: ◯ Weekly ◯ Every two weeks ◯ Monthly ◯ Yearly

Income sources

☐ Wages ☐ Self-employment ☐ Child support
☐ Pension ☐ Gig work ☐ No income

Public benefits you receive

☐ SNAP ☐ Medicaid ☐ SSI / SSDI ☐ TANF
☐ Housing voucher ☐ WIC ☐ Unemployment ☐ None

8. ACCESSIBILITY

Tell us what helps you take part fully.

☐ ASL interpreter ☐ Large print ☐ Screen reader friendly
☐ Mobility access ☐ Remote meetings only ☐ Plain-language materials

Other needs

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9. A FEW MORE DETAILS (OPTIONAL)

How did you hear about us?

Have you contacted FPOA before? ◯ Yes ◯ No

10. CONSENT & ACKNOWLEDGMENT

Completing this form is a request for assistance. It does not create an attorney-client relationship and does not guarantee that FPOA will be able to help. Please do not include highly sensitive or privileged details until an intake representative confirms how your information will be handled. FPOA will keep the information you provide confidential and use it to review your request and, where appropriate, connect you with services or resources. Because FPOA cannot be responsible for missed deadlines, tell us right away if your matter is urgent.

☐ I am requesting services from The Future Paralegals of America A NJ Non-Profit Corporation.
☐ I consent to be contacted by FPOA about this request.
☐ FPOA may share my information with referral partners when needed to help me.
☐ I understand this is not legal advice and that eligibility is not guaranteed.

I certify that the information I have provided is true and complete to the best of my knowledge.

Applicant printed name

Applicant signature (type your full name)

Date (MM/DD/YYYY)

FOR OFFICE USE ONLY

Not for applicant completion. LEGALITY OS fills these when the intake is saved.

Date received

Intake staff

Case no. (LEG-)

Client no. (CLT-)

Verification no. (VER-)

Referred to

Status: ◯ New ◯ In review ◯ Assigned ◯ Referred ◯ Closed