

Legal Problems Screening Form
Connecticut Veterans Legal Center

Name: _____

Date: _____

Conflict Check Information

Names of ALL opposing people involved in your current legal issues:

Names of ALL veterans in CT who you are, or were related to:

Authorization for Use/Disclosure of Information:

I voluntarily authorize Connecticut Veterans Legal Center to discuss the information provided during the intake and screening processes for this referral with my referring clinician _____

<name of clinician>

Signature

Date

Personal History

1. Last year of education completed _____
2. What years were you in the military _____
3. Have you ever been diagnosed with a mental health/substance abuse condition? Yes No
If so, please check all that apply:

<input type="checkbox"/> Schizophrenia/Schizoaffective	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Major Depression
<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Other Anxiety Disorder	<input type="checkbox"/> Alcohol Abuse/Dependence
<input type="checkbox"/> Drug Abuse/Dependence	<input type="checkbox"/> Other, specify _____	

4. Which of the following legal problems apply to you? (please mark all that apply)

Past problems	Current problems
<input type="checkbox"/> Alimony	<input type="checkbox"/> Alimony
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Drug charges	<input type="checkbox"/> Drug charges
<input type="checkbox"/> Child support	<input type="checkbox"/> Child support
<input type="checkbox"/> Credit rating/Consumer debt	<input type="checkbox"/> Credit rating/Consumer debt
<input type="checkbox"/> Child Custody/Visitation	<input type="checkbox"/> Child Custody/Visitation
<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal
<input type="checkbox"/> DCF	<input type="checkbox"/> DCF
<input type="checkbox"/> Discharge upgrade	<input type="checkbox"/> Discharge upgrade
<input type="checkbox"/> Divorce	<input type="checkbox"/> Divorce
<input type="checkbox"/> Driver's License Restoration/ID	<input type="checkbox"/> Driver's License Restoration/ID
<input type="checkbox"/> Estate/Probate	<input type="checkbox"/> Estate/Probate
<input type="checkbox"/> Foreclosure/Mortgage	<input type="checkbox"/> Foreclosure/Mortgage
<input type="checkbox"/> Housing/Eviction	<input type="checkbox"/> Housing/Eviction
<input type="checkbox"/> Immigration	<input type="checkbox"/> Immigration
<input type="checkbox"/> Social Security/Public Benefits/Food Stamps	<input type="checkbox"/> Social Security/Public Benefits/Food Stamps
<input type="checkbox"/> Taxes	<input type="checkbox"/> Taxes
<input type="checkbox"/> VA Benefits/VA Overpayment	<input type="checkbox"/> VA Benefits/VA Overpayment
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Other, specify _____

Regarding your current legal problems, please answer the following question using the scale below:					
0	1	2	3	4	5
Not at all	Slightly	Moderately	Considerably	Extremely	N/A

5. How serious do you feel your present legal problems are? _____
6. How stressful do you feel your present legal problems cause? _____
7. Do you have a lawyer representing you for any of your legal problems? Yes No

Any questions regarding the content of this form please contact Carolyn Harriston at the Connecticut Veterans Legal Center: charriston@ctveteranslegal.org, or call (203) 479-0375.