## <u>Legal Problems Screening Form</u> Connecticut Veterans Legal Center

Name:					
Date:					
Conflict Check Information	mation				
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 I voluntarily authorize Connecticut Veterans Legal Center to discuss the screening processes for this referral with my referring clinician	e information provided during the intake and				
Signature	Date				
Personal Histor	y				
1. Last year of education completed					
2. What years were you in the military	·				
3. Have you ever been diagnosed with a mental health/substation of the so, please check all that apply:	ance abuse condition? Yes No				
Schizophrenia/Schizoaffective Posttraumatic Stress Disorder Drug Abuse/Dependence Dther, specify	Major Depression sorder Alcohol Abuse/Dependence				

4.	Marital Status: Single	Ma	arried Separated Divorced Widowed
5.	Gender:	Male	Female Non-Binary Other
6.	6. Race/Ethnicity (select all that apply)  White Black or African American Hispanic, Latino or Spanish Origin		
	Asian American Indian or Alaskan Native Middle Eastern or Northern African Native Hawaiian or Pacific Islander		
7. In the past year, have you had thoughts of killing yourself? Yes No			
8. Have you ever attempted to kill yourself Yes No			
9. Which of the following legal problems apply to you? (please mark all that apply)  Past problems  Current problems			
	Alimony		Alimony
	Bankruptcy		Bankruptcy
	Drug charges Child sympost		Drug charges
	Child support		Child support
Ш	Credit rating/Consumer debt		Credit rating/Consumer debt
	Child Custody/Visitation		Child Custody/Visitation
L L	Criminal		Criminal
l ⊦	DCF	<u> </u>	DCF
	Discharge upgrade		Discharge upgrade
	Divorce		Divorce
lacksquare	Driver's License Restoration/ID		Driver's License Restoration/ID
H	Estate/Probate		Estate/Probate
	Foreclosure/Mortgage		Foreclosure/Mortgage
	Housing/Eviction		Housing/Eviction
لـــــــا	<u> Immigration</u>		Immigration
	Social Security/Public Benefits/Food	Stamps	Social Security/Public Benefits/Food Stamps
	raxes		Taxes
	VA Benefits/VA Overpayment		VA Benefits/VA Overpayment
	Unemployment		Unemployment
	Other, specify		Other, specify
Regarding your current legal problems, please answer the following question using the scale below:			
0 1 2 3 4 5			
No	ot at all Slightly Modera	tely	Considerably Extremely N/A
10. How serious do you feel your present legal problems are?			
11. How stressful do you feel your present legal problems cause?			
12	12. Do you have a lawyer representing you for any of your legal problems? Yes		
Ar	ny questions regarding the content of	this form p	lease contact the Screening Team at the Connecticut Veterans

Legal Center: <u>intakes@ctveteranslegal.org</u>, or call or txt (203) 479-0375.