



4. Marital Status:  Single  Married  Separated  Divorced  Widowed

5. Gender:  Male  Female  Non-Binary  Other

6. Race/Ethnicity (select all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic, Latino or Spanish Origin
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Middle Eastern or Northern African
<input type="checkbox"/> 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
<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

10. How serious do you feel your present legal problems are? \_\_\_\_\_

11. How stressful do you feel your present legal problems cause? \_\_\_\_\_

12. 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 the Screening Team at the Connecticut Veterans Legal Center: [intakes@ctveteranslegal.org](mailto:intakes@ctveteranslegal.org), or call or txt (203) 479-0375.