Skookum Jim Friendship Centre
Women's Legal Advocate
Intake/Tracking Form

Client Name: _____ Intake date: _____

Age: _____ New or repeat client: _____

Contact info (phone/email ok?): _____

Language: _____ Ancestry: _____

Community: _____

Referred by: _____

Presenting Issues

- ☐ Family Law _____
- ☐ Child Protection _____
- ☐ Criminal _____
- ☐ Landlord and Tenant _____
- ☐ Small Claims _____
- ☐ Victimization _____
- ☐ Other _____

Service requested / Received

- ☐ Information _____
- ☐ Referral(s) _____
- ☐ Accompaniment _____
- ☐ Emotional support _____
- ☐ Forms/Documents _____
- ☐ Advocacy _____