



FOR OFFICE USE ONLY:			
<b>CASE STATS:</b>			
<b>APP STATUS:</b>	PENDING:	APPROVED:	DECLINED:

CLIENT INTAKE FORM	
DATE OF APPLICATION:	

Please ensure this form is completed with as much detail and accuracy as possible. All information provided will be treated in the strictest confidence and is protected by the attorney client privilege.

CLIENT INFORMATION:					
FULL NAME:					
DATE OF BIRTH:					
IDENTITY NUMBER:					
GENDER:	F		M		
RACE:					
TELEPHONE NUMBER:					
ALTERNATE NUMBER:					
IS CLIENT CONTACTABLE PER WHATSAPP?	YES		NO		
EMAIL:					
POSTAL ADDRESS:					
PHYSICAL ADDRESS:					
PREFERRED MEANS OF COMMUNICATION:	Telephone	Alt number	WhatsApp	Email	Other:
OCCUPATION:					
EMPLOYER NAME:					
EMPLOYER TELEPHONE NUMBER:					
EMPLOYER ADDRESS:					
MARITAL STATUS:	Single	Divorced	Widowed	Other:	
	Married ICOP	Married OCOP without accrual	Married OCOP with accrual	Date:	
FULL NAME OF SPOUSE:					
SPOUSE TELEPHONE NUMBER AND EMAIL:					
DO YOU HAVE A COURT DATE? PLEASE SPECIFY	Last Court Date:				
	Next Court Date:				
	Court:				

**Directors:** GD Whyte (UK), JW Boonzaaier, MD Aitken, SCD Lurie **Group Company Secretary:** CB Crouse

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Please set out your financial position in the table below:

<b>FOR OFFICE USE ONLY</b> <i>(If completed with client, a clinic member needs to verify and confirm)</i>		
GROSS MONTHLY INCOME (ITEM)	GROSS MONTHLY INCOME (AMOUNT)	
	SINGLE APPLICATION	JOINT APPLICATION
SALARY:	R	R
PENSION:	R	R
MAINTENENACE (TOTAL):	R	R
GRANTS (TOTAL):	R	R
RENTAL INCOME:	R	R
OTHER (TOTAL):	R	R
<b>SUB-TOTAL:</b>	R	R
<b>TOTAL:</b>	R	

ASSETS:	CURRENT FAIR MARKET VALUE:	
DO YOU OWN IMMOVABLE PROPERTY? IF YES, PLEASE SUPPLY FAIR MARKET VALUE.	R	
DO YOU OWN MOVABLE PROPERTY? IF YES, PLEASE SUPPLY FAIR MARKET VALUE.	R	
DOES THE CLIENT FALL WITHIN THE FINANCIAL MEANS ELIGIBILITY CRITERIA?	YES	NO

CONSENT:

- 1) I/WE ACKNOWLEDGE THAT, IN PROVIDING LEGAL SERVICES TO THE CLIENT OR ANY PERSONS REPRESENTED BY THE CLIENT, IT IS NECESSARY FOR THE EMERIS COMMUNITY LAW CLINIC, AS WELL AS THIRD PARTIES INVOLVED IN THE PROVISION OF LEGAL AND RELATED ANCILLARY SERVICES, TO PROCESS THE PERSONAL INFORMATION OF THE CLIENT OR THEIR REPRESENTATIVES. I/WE HEREBY PROVIDE MY/OUR EXPRESS CONSENT TO THE EMERIS COMMUNITY LAW CLINIC TO PROCESS SUCH PERSONAL INFORMATION, AS DEFINED IN APPLICABLE LEGISLATION, FOR THE PURPOSE OF RENDERING LEGAL SERVICES AND TO SHARE SUCH PERSONAL INFORMATION WITH THIRD PARTIES WHERE NECESSARY TO FULFIL ITS MANDATE;
- 2) I KNOW AND UNDERSTAND THAT MY MATTER HAS NOT YET BEEN ACCEPTED BY THE EMERIS COMMUNITY LAW CLINIC AND THAT I WILL BE INFORMED IN WRITING IF MY MATTER IS ACCEPTED OR DECLINED;
- 3) THE INFORMATION I HAVE PROVIDED IN RELATION TO MY FINANCIAL CIRCUMSTANCES IS TRUE AND COMPLETE. I AGREE THAT THE EMERIS COMMUNITY LAW CLINIC MAY REQUEST SUPPORTING DOCUMENTATION AS PROOF OF INCOME.
- 4) THE EMERIS COMMUNITY LAW CLINIC RESERVS THE RIGHT TO TERINATE LEGAL SERVICES IF ANY INFORMATION PROVIDED IS FALSE AND/ OR IF THE CLIENT’S CIRCUMSTANCES CHANGE WARRANTING A TERMINATION.
- 5) THE EMERIS COMMUNITY LAW CLINIC WILL NO TBE RESPONSIBLE FOR THE COSTS OF ANY THIRD-PARTY EXPENSES AND/ OR DISBURSEMENTS AND WILL ADVISE CLIENT OF SAME BEFORE INCURRING.
- 6) I HEREBY INDEMNIFY AND HOLD HARMLESS THE EMERIS COMMUNITY LAW CLINIC, ITS STAFF, STUDENTS, AND REPRESENTATIVES AGAINST ANY LIABILITY, INCLUDING BUT NOT LIMITED TO ADVERSE COSTS ORDERS OR EXPENSES, ARISING FROM OR CONNECTED WITH ANY LITIGATION OR LEGAL PROCEEDINGS IN WHICH I AM INVOLVED.

**CLIENT/ AUTHORISED REPRESENTATIVE:**

NAME

NAME

CLIENT SIGNATURE

DULY AUTHORISED REPRESENTATIVE

PLACE & DATE

PLACE & DATE

**WITNESSES:**

NAME (WITNESS 1)

NAME (WITNESS 2)

SIGNATURE

SIGNATURE

PLACE & DATE

PLACE & DATE

**FOR OFFICE USE ONLY:**

INTERVIEWED BY

SUPERVISING ATTORNEY

SIGNATURE

SIGNATURE

PLACE & DATE

PLACE & DATE

**APPLICATION: APPROVED / DECLINED**

TRANSLATED BY      NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NOTES:

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