

Asking the Right Questions

A core element of the Collaborative Defense Model is for providers to ask the right questions so they can begin to address their client's priorities beyond the criminal legal case. This is demonstrated by an intake process that thoroughly screens for enmeshed penalties at arrest and identifies social service needs that a client may have. This intake is distinct from a traditional intake interview conducted by public defenders in that it does not necessarily incorporate questions about a client's criminal legal proceedings. These questions serve, rather, to be incorporated into preexisting intakes or completed separately by support staff as supplements to a provider's knowledge of the client and to guide service delivery.

Goals of Intake:

A comprehensive and effective intake is marked by a series of questions that elicit and develop actionable plans towards achieving the client's service goals. The staff member who first meets with clients, either attorneys or non-attorneys, should develop a clear understanding of a client's needs to identify service goals and discuss them with the client. Each intake will differ depending on the client's goals and a provider's unique style, but it is important to know how to guide the discussion to gain as much relevant information as possible.

Conducting the Interview:

While there is no one roadmap for client service delivery, staff should understand the purpose of each intake and how and why to ask these questions delicately and effectively. An intake covers several sensitive topics, such as mental health history and immigration status. It is critical that staff build rapport in this initial engagement to facilitate the client's comfort and establish a trusting foundation upon which a working relationship can flourish.

Sharing with Team Members:

Once the interview is complete, providers must be adept at conveying the information to the necessary staff to begin addressing the client's identified needs. While the interview itself is incredibly important, a mechanism to act upon what is covered plays an equally significant role in ensuring that providers can follow through on service delivery. Staff should determine next steps during the intake that can guide referrals to community partners, appropriate civil legal representation, or other stakeholders.

Sample Forms

The following sample forms are meant to be examples of what questions providers can ask during an initial intake interview. They should be adapted to a jurisdiction's unique service delivery and community needs. The long intake form envisions an attorney's initial arraignment interview with a client, with an emphasis on criminal case and bail advocacy followed by a more robust social service needs assessment. The short intake form is geared towards quickly assessing client needs beyond the criminal legal case in the case that providers have limited time during their first interaction with the client.

Model Long Intake Form

Client Name: . Phone: .
Address: .

Emergency Contact: . Phone: .
Relationship: .

Bail & Custody

Client Location: . Custody Status: In Out
• If In, Bail: \$: . Non-\$ Conditions: .
• Bail Fund Referral Made: Yes No

Bail Argued: Yes No Result: .
Bail Motion Set: Yes No Date/Time: .

Criminal Case Information

Assigned Attorney: .
Charges: .

Next Court Date: . Time: .
Status: .

Plea Offer Made: Yes No
• If yes, summary: .

Order of Protection: Yes No Notes: .
Co-Defendant: Yes No Attorney: .
Notes: .

Background Information

D.O.B.: . Age: .
Gender: Woman Man Non-Binary/Non-Conforming
 Other. Prefer Not to Answer
• Do you identify as transgender? Yes No Prefer Not to Answer
Race: American Indian & Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other .
Ethnicity: Hispanic or Latino/a/x Not Hispanic or Latino/a/x Prefer Not to Say
Immigration: U.S. Citizen Non-Citizen, Lawful Status Undocumented
Veteran: Yes No If, yes: Years: ____ Branch: _____ Rank: _____
ID: Drivers License Other Identification Non

Housing & Family

Do you currently have a stable place to live? Yes No No Answer
• If no, where are you currently living?
• If yes, what type of housing do you live in? House Apartment Shelter
 Supportive Housing Staying with Friends/Family Other: .
How long have you lived there or been unhoused: .
Who do you live with: .
Are you married: Yes No No Answer
Do you have children: Yes No No Answer
• If yes, what are their ages? .

Employment

Are you currently employed: Yes No No Answer

If yes,

- Employer/Location: .
- Job/Position: .
- Off the Books: Yes No No Answer
- Has job been affected by case: Yes No Not Sure
- If yes, can you return: Yes No Not Sure
- May we confirm employment? Yes No *If yes, with who: .*

If no,

- Source(s) of income: Unemployment SSI/Disability Social Security
 Medicaid SNAP Other: .
- Currently seeking employment: Yes No

Education

What is your highest level of education? < HS HS Diploma GED
 Vocational Some College Degree

Are you interested in educational/ vocational training assistance? Yes No Not Sure

Health

Are you currently under the care of or seeking medical assistance? Yes No Not Sure

Do you have any physical conditions that require accommodations? Yes No Not Sure

- *If yes, what are they: .*

Have you ever received a medical or mental health diagnosis? Yes No Not Sure

- *If yes, what are they: .*

Have you ever been to a therapist, psychiatrist, or counselor? Yes No Not Sure

- *If yes, when and for how long: .*

Substance Use

Do you use any drugs or drink alcohol? No History of Use Current Substance Use

If yes, Drugs: Alcohol

Have you ever received treatment for substance use? Current Past Never

If no, are you interested in treatment for substance use? Yes No

Support Network

Name: .

Relationship to Client: .

Phone: .

Name: .

Relationship to Client: .

Phone: .

Model Short Intake Form

Client Name: .
Emergency Contact:

Phone: .

Gender: Woman Man Non-Binary/Non-Conforming
 Other.

• Do you identify as transgender? Yes No Prefer Not to Answer

Race: American Indian & Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other .

Ethnicity: Hispanic or Latino/a/x Not Hispanic or Latino/a/x Prefer Not to Say

Background

Are you a veteran? Yes No No Answer

Were you born in the United States? Yes No No Answer

Do you have reliable access to a phone? Yes No No Answer

Do you have reliable transportation? Yes No No Answer

Do you have valid identification? Yes No No Answer

Income

Are you currently employed? Yes No No Answer

• If yes, what is your job title? .

• If no, are you seeking employment? Yes No No Answer

Do you receive any governmental assistance? Yes No Unsure No Answer

• If yes, which one(s): SNAP SSI/Disability Social Security
 Medicaid Other(s) .

• If no, are you interested in obtaining benefits? .

Housing & Household

Do you currently have a stable place to live? Yes No No Answer

• If no, where are you currently living? .

Whom do you live with? .

Do you have any children? Yes No No Answer

• If yes, what are their ages? .

Health

Have you ever received a diagnosis from a mental health provider? Yes No N/A

Are you interested in any mental health counseling or treatment? Yes No N/A

Are you currently taking any prescribed medications? Yes No N/A

Are you currently using any alcohol, marijuana, or other drugs? Yes No N/A

Are you interested in any treatment for drug or alcohol use? Yes No N/A