

**Oregon Trial Lawyers Association Pro Bono Project  
Fire Claim Assistance Intake Form – Attorney Portion**

**Participant Name:** \_\_\_\_\_

**Attorney Volunteer Name:** \_\_\_\_\_

**Location & date of consult:** \_\_\_\_\_

**Time spent with participant (in minutes):** \_\_\_\_\_

**What help was given?**

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**Does more need to be done? Mark:**            Yes                            No

**If yes, what?**

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**Did you recommend participant get counsel? Mark:**    Yes                            No

**Is follow-up needed? What, when and from whom?**

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**Did you provide any handouts? Mark:**            Yes                            No

**If yes, which ones?**

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