

**Law Offices of  
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***CLIENT INTAKE FORM***

This questionnaire is comprised of various sections that may or may not be applicable to your situation. If you are contacting our office in relation to a special education matter, please complete the following and return via fax to the Law Offices of Angela L. Gilmartin.

**If you are calling regarding a personal injury matter or are in need of assistance with a guardianship, conservatorship, juvenile or criminal matter, please disregard the following and contact the office directly to schedule a telephonic consultation.**

**REASON FOR CALLING/ NATURE OF PROBLEM OR ISSUES**

**CHILD OR ADULT REFERRED**

Full Name (First, Middle Initial and Last Name):

**PARENT OF RESPONSIBLE PARTY**

Full Name (First, Middle Initial and Last Name):

Full Address:

Telephone, Cell Phone or Pager Contacts Numbers:

Facsimile Number:

Best time to reach you:

**SCHOOL INFORMATION**

Does your child attend a public or private school?    Public School    Private School

Name of School, Address and Phone Number:

Name of Principal:

Name of Teacher:

Name of Aide (if applicable):

Name of School District within which you reside:

Names of any Prior School Districts (please include approximate dates of attendance):

Do you have copies of all of your child's IEPs?  Yes  No

Do you have copies of your child's school & private assessments?  Yes  No

Do you have copies of your child's transcript and/or reports cards?  Yes  No

Do you have copies of your child's discipline records, if applicable?  Yes  No

Has your child ever been retained?  Yes  No For what grade?

Is your child eligible for special education?  Yes  No

What is the basis for eligibility (for example, Autism)

**PLACEMENT**

Please describe your child's current educational placement:

**RELATED SERVICES**

What services, if any, does your child currently receive (for example, speech therapy, occupational therapy, adaptive physical education, etc...)?

**REQUESTS FOR SERVICES AND/OR PLACEMENT**

During the past 2-years, has the District declined to provide educational instruction, services or placement that you have specifically requested for your child?

What educational instruction, services or placement, do you believe should be provided by the District to your child now?

**OPINION OF STUDENT'S PERFORMANCE LEVELS**

What are your child's most significant areas of need?

**GOALS & OBJECTIVES (if applicable)**

Did your child achieve his/her Goals & Objectives last year?

Does your child receive any privately funded therapies or services?

If YES, please describe:

When was your last IEP?

When was your child's last triannual review?

Is an IEP currently scheduled?

IF YES, please provide date and location:

**REGIONAL CENTER**

Is your child a Regional Center Consumer?     Yes    No    Date of Eligibility?

Does your child receive Regional Center services?     Yes    No

Name of Regional Center:

If so, what services is your child receiving?

**HEALTH, MEDICAL AND PSYCHOLOGICAL CONDITIONS**

**Does your child have any health concerns?**

If YES, please describe:

Does your child have any chronic medical conditions:

If YES, please describe and provide the names and locations of any specialists:

**Does your child have any psychological or psychiatric conditions:**

If Yes, please describe and provide the names and locations of any specialists:

**Has you child ever been hospitalized?**

If YES, please provide dates, location and duration of hospitalization:

**What is your child's most recent diagnoses:**

**Name of evaluator and date of evaluation:**

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**DUE PROCESS HEARING/S**

**Have you or another party ever requested a due process hearing on behalf of your child? NO \_\_\_\_\_ YES \_\_\_\_\_ If Yes, please provide the following information:**

Date of Request:

Case Number:

Petitioner:

Respondent:

Other Parties in Action:

Were you represented by an Advocate or Advocate?

If yes, please provide name and contact information:

Reason for Due Process Hearing:

Disposition or Outcome of Due Process Hearing:

Was an appeal filed by either Party:

**If so, please provide information on a separate piece of paper with your  
Client Intake Form and Fax**

Do you have a copy of any type of settlement agreement?

**If YES, please attach with Client Intake Form and Fax**

Has it been implemented by the Parties?

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Expert Witnesses for both or all Parties:

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Is there currently a hearing pending before any administrative agency?

**If YES, please answer the following:**

Date of Request:

Case Number:

Petitioner:

Respondent:

Other Parties in Action:

Basis for Due Process Hearing:

Scheduled Mediation date:

Scheduled Hearing date/s:

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**COMPLIANCE COMPLAINT/S**

**Do you have any concerns regarding your child's school district not providing services or benefits consistent with any laws or promises made?**

**If YES, please describe:**

**Have you or anyone on behalf of the student ever filed a Compliance Complaint with the California Department of Education (CDE)?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES, please complete the following:**

Date of Complaint:

Allegations in Complaint:

Was an investigation initiated by CDE?

Case Number:



Name of Investigator:

Was District found out of compliance?

If YES, please describe any correction action imposed:

Do you have a copy of the findings?

**If YES, please attach with your Client Intake Form and Fax**

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**CIVIL RIGHTS COMPLAINT/S**

**Do you have any concerns related to your child's civil rights?**

**If YES, please describe:**

**Have you or anyone acting on behalf of the student ever filed a Complaint against your school district with the United States Department of Education, Office for Civil Rights (OCR)? YES \_\_\_\_\_ NO \_\_\_\_\_**

Date of Complaint:

Allegations in Complaint:

Was an investigation initiated?

Case Number:

Name of Investigator:

Was a voluntary resolution or settlement agreement reached between the parties?

**If YES, please describe and attach copy of agreement to Client Intake Form and Fax**

Findings of OCR:

**Please attach a copy of any correspondence between you and OCR to your Client Intake Form and Fax**

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**DEPENDENCY OR JUVENILE PROCEEDINGS**

**Has your child ever been involved in a dependency proceeding?**

**Has your child ever been cited or arrested or declared a truant minor?**

**If YES to any of the above, please complete the following:**

Name of Attorney representing Child:

Contact Information for Attorney:

Location of Court and Case Number:

Allegations or reason for proceedings:

Disposition or outcome:

Last court date:

Next court date:

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Form Completed By: \_\_\_\_\_

Relationship to Prospective Client: \_\_\_\_\_

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

*Disclaimer: The information and materials contained in this intake form does not create an attorney-client relationship. Do not send confidential information or records to this firm without express prior approval from the Law Offices of Angela L. Gilmartin. Messages containing confidential or time-sensitive information should not be sent.*

I, \_\_\_\_\_, understand the above disclaimer and authorize the Law Offices of Angela L. Gilmartin to contact me for further information.