

MASSACHUSETTS LEGAL CLINIC FOR THE HOMELESS

CLIENT/INTERVIEWER PLAN OF ACTION

Client Name:	Interviewer Name:
Client Contact Address:	Interviewer Contact Address:
Client Telephone Number:	Interviewer Telephone Number:

If a Legal Advocate agrees to handle your case, he or she will work with you on the following issues:

- a. _____
- b. _____
- c. _____

Actions for client to take if any at this time:

- a. _____
- b. _____
- c. _____

Next contact with interviewer (*choose one*):

My interviewer will call me on: _____ at _____
date/time telephone #

I will call my interviewer on: _____ at _____
date/time telephone #

My interviewer will leave a message for me on: _____ at _____
date/time telephone #

Other: _____

*The Massachusetts Legal Clinic for the Homeless is a project of the Lawyers Clearinghouse on Affordable Housing and Homelessness
16 Beacon Street, Boston, Massachusetts 02108
(617) 723-0885*

WHITE COPY – INTERVIEWER • PINK COPY – CLIENT