LAW OFFICE OF RIKISHA D. THOMAS
2 132 W. TEMPLE ST. LOS ANGELES.CA 90026
TEL:(213)531-9875 / (323)592-9345
FAX: (213) 895-4897

Client Intake Form

The purpose ol this form is to gather the information needed for drafting the pleadings for your case. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Name:
_____

¿Are you known by any other names? (A fictitious name, a nickname, a former name, your maiden name etc.) [ ] Yes[ ] No. If yes, name(s):

_____
_____

Age: _____
Address:

_____
_____
_____

Contact Information
Home Phone (_____) _____ [ ] Primary Contact Number
Work Phone (_____) _____ [ ] Primary Contact Number
Cell Phone (_____) _____ [ ] Primary Contact Number
E-mail: _____

UD - Habitability Issues (Tenant)

I. Address for rented property:

_____
_____

2. Who else resides at the property with you? (wife, children, etc.) Provide their names.

_____
_____

3. Date you started living in the rented premises:

_____

4, Amount of rent you pay: _____ Do you have a written agreement/lcase? [ ] Yes [ ] No

5. Name of Landlord/Property manager:

_____

6. Name of Owner of the property:

_____

7. Address of Landlord/Property manager and owner of the property:

_____

_____

_____

8. Which of the following issues are present ac the property?
[ ] Leaks in the ceiling, [ ] broken windows, [ ] broken doors, [ ] holes in the walls, or [ ] holes in the ceiling.
[ ] No hot water, [ ] low water pressure, [ ] clogged sink, [ ] leaking pipes. [ ] leaking toilet, [ ] toilet not working.
[ ] No gas installations. [ ] Non-operational gas installations.
[ ] Heating unit not working. [ ] No heating unit.
[ ] Faulty electrical wiring, [ ] no lights, [ ] non-working outlets, [ ] exposed wires, [ ] exposed outlets, [ ] outlets with short circuits.
[ ] Rats and/or mice, [ ] cockroaches, [ ] termites, [ ] bedbugs, [ ] bees.
[ ] Debris, [ ] dirt, [ ] garbage, or [ ] garbage in common areas.
[ ] Trash bins are not in good condition, [ ] no trash bins or places to dispose of garbage.
[ ] Floors, stairs, or railings are in poor condition: [ ] Stairs have no railings, [ ] no lights on stairs. [ ] No lights in hallways/corridors, [ ] loose/broken floor tiles.
[ ] No bathroom, [ ] toilet not working, [ ] shower not working.
[ ] No kitchen sink, or the kitchen sink is not working.
[ ] No ventilation equipment, or [ ] ventilation equipment not working, [ ] no natural light, or [ ] insufficient natural light, [ ] no natural ventilation, or [ ] insufficient ventilation.
[ ] Damp rooms, [ ] mold growth.
[ ] No mailbox, or [ ] mailbox does not have a functioning lock.
[ ] The entrance door to the unit does not have a operable dead bolt lock. [ ] Windows do not have a security device or lock.
[ ] General deterioration or improper maintenance. [ ] No connection to the sewage disposal system.
[ ] Deteriorated or inadequate foundations, [ ] defective or deteriorated floors or floors supports.
[ ] Unpermitted wiring, [ ] unpermitted plumbing, [ ] deteriorated, crumbling, or loose plaster, [ ] no paint, or [ ] peeling paint, [ ] no safe exit.
[ ] No smoke detector, [ ] broken or defective smoke detector, or [ ] smoke detector has no batteries.
[ ] Unpermitted construction, [ ] deteriorated lead-based paint, [ ] lead-contaminated dust, or [ ] lead-contaminated soil.

[ ] Other: _____

_____

_____

9. Have you notified the landlord/propcrty manager/owner of thesc issucs? [ ] Yes [ ] No. If yes describe when and what issues your reported:

_____

_____

_____

(Please provide any text messages, emails, or letters you have sent to your landlord/property manager/owner about these issues.)
10. Were the issues resolved within 60 days after you notified them to the landlord/property Manager/owner? [ ] Yes [ ] No
11. Have you ever performed repairs or tried to remedy any of the issues in the rented premises

out of your own expenses? If yes, describe how you tried to remedy the issue and how much it cost.

_____

_____

_____

12. Have you notified the housing authority of these issues? [ ]Yes [ ]No

13. Has an inspection been done on the rented premises? [ ] Yes [ ] No, If so, please state when the inspection was done and provide an inspection report/letter. Date:

_____

14. Have you kept your rented unit in a clean and sanitary condition? [ ] Yes [ ] No.

15, Have you properly disposed of all rubbish, garbage and other waste, in a clean and sanitary manner? [ ] Yes [ ] No.

16. Have you used and operated all electrical, gas and plumbing fixtures in an appropriate manner and kept them clean? [ ] Yes [ ]No,

17. Have you permitted any person to destroy, deface. damage, impair or remove any part of the structure or unit or the facilities and equipment inside the unit? [ ] Yes [ ] No. If yes, please explain:

_____

_____

_____

18: Have you occupied the rented unit as your home, with the portions designated for living, sleeping, cooking or dining used only for these intended purposes?
[ ] Yes [ ]No. If no, please explain:

_____

_____

_____

19. Have you paid the rent for all the months you have occupied the rented premises? [ ] Yes [ ] No. lf no, please explain:

_____

_____

_____

20. Do you have any way to prove the rent you have paid while you occupied the rented premises? (i,e. money order, voucher, receipt, etc.) [ ] Yes [ ] No. If no, please explain:

_____

_____

(Please provide proof of payment for the last 12 months of residence.)

21. Has the landlord/property manager/owner ever entered the rented unit without your permission?
[ ] Yes [ ] No. If yes. please explain:

_____

_____

_____

22. Has the landlord ever done anything to prevent you from using the rented unit or make you uncomfortable? (i.e. blocked access to the unit, cut the water/electricity, changed the locks, threatened you, harassed you, etc.) [ ] Yes [ ] No. If yes, please explain:

_____

_____

_____

_____

[ ] I declare under penalty of perjury that the information provided above is true of my own knowledge, except as to those matters stated upon information and belief, and, as to those matters, I believe them to be true.

Name: _____ Signature: _____