

## **Intake Form**

## \*Information will be kept confidential and only used for purpose of the Pardon Project of Erie County\*

Date & Time of Intake:	Interviewer Name	
Client Name:	DOB:	
Address:		
Phone (H) ( )	(C) ()	
Email:		
Annual Income: \$	# Members in Household	
Why would you like to apply for a par	don? How do you think this can help you?	
Are your charges in Pennsylvania? Y	/es No	
Erie County? Yes No		
If no, which county?		
Have you ever applied/received an exp	pungement? Yes No	
If yes, what was expunged, when (year	r)?	
Have any of your criminal records bee	en sealed? Yes No Don't Know	
If yes, what was sealed, when (year)?		

Have you completed the terms of your proba-	tion/parole? Y	es No
Completion date of probation/parole:		
Do you still owe restitution/fines/costs? Ye	s No	
If yes, are you on and following a paym	ent plan? Yes_	No
Estimated time until payment completic	on?	
Criminal Infor	mation	
Charges	Date of Offense	County Where Charges Were Issued

How did you learn about the Pardon Project? Check all that apply.
Pardon committee member
Pardon client
County or Community Service Agency
Social Media posting
Flyer, where
Other
For PPEC only:
Meets Income Eligibility Yes No Meets Offense Eligibility Yes No
Meets Residency Requirements Yes No
Date Assigned Date Informed Client
Pro Bono Community Service Agency Ineligible (PPEC)/Referral
Community Service Agency Assigned:
Pardon Coach Assigned
Attorney Assigned:
Comments: