

PUBLIC SOLICITOR'S OFFICE CLIENT ASSESSMENT FORM

Date: _____

Name: _____

Contact: _____

Gender: Male / Female **Disability:** Yes / No

Information to Provide	Yes/No	Amount	
Salary			(Provide Salary Slip if you are Employed)
Own Business Type of Business			Total Amount of property/Value/Rent
Rent House			
Taxi			
Bus			
Store			
Others (specify)			
Vehicles			
Property			
House			
Lease property (Land)			
Expense			
Rent per month			
School fees per term			
Other Debts			

Summary of Assistance that I seek:

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Other Party
Name _____
Address _____

I _____ **certify that the above information and the attached**
(Name of Applicant)
document (s) are true.

Signature: _____ **Date:** _____

Office Use Only:

Application for Assistance granted: **Yes** **No**

Reason:

Public Solicitor: _____ **Open File**

Date: _____