

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE
YOUR INFORMATION

Your Name:		Other Names Used (i.e. Maiden Name):	
Best Phone Number:		E-Mail:	
Street Address:			
City:		State:	Zip:
Date of Birth:		Spouse's Full Name:	
Male <input type="checkbox"/> Female <input type="checkbox"/>			
You are: Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Family Member <input type="checkbox"/> Other (explain):			
Rank/Rate:	Pay Grade:	Branch:	Command/Base:

Copy Military
ID here

OPPOSING OR ADVERSE PARTY

i.e. spouse in a divorce case or spousal support case, other parent in a custody or child support case, landlord in a landlord/tenant case

Party's Name:		Other Names Used (i.e. Maiden Name):	
Street Address:		City:	State: Zip:
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Family Member <input type="checkbox"/> Other (explain):			
Rank/Rate:	Pay Grade:	Branch of Service:	Command/Base:

WHAT ISSUE WILL YOU BE DISCUSSING DURING YOUR APPOINTMENT? CHECK ALL THAT APPLY AND CIRCLE THE SUBISSUE(S)

- ADOPTION OR NAME CHANGE
- CONSUMER ISSUE: Auto or other purchase or sale, auto/house repair, credit or collection problem, bankruptcy
- DOMESTIC RELATIONS: Support; custody; guardianship; divorce; annulment; paternity
- IMMIGRATION: Naturalization; citizenship; resident permit; visa; employment
- MILITARY RIGHTS & BENEFITS: Servicemembers Civil Relief Act; Uniformed Services Employment and Reemployment Rights Act; Other
- REAL ESTATE OR LANDLORD TENANT: Purchase/Sale; lease; rental; security deposit; eviction, foreclosure
- WILLS OR ESTATE PLANNING: Wills, living wills, trusts, Medicaid, elder law, estate tax, probate, health care power of attorney
- VICTIM OR WITNESS ASSISTANCE
- PRIVATIZED MILITARY HOUSING
- OTHER ISSUE: (explain) _____

Are you currently represented by an attorney? If yes, the attorney's name: _____ Yes No

Have you received services from this Legal Assistance office before? If so, when? _____ Yes No

If yes, what services did you receive? _____

Are either you or opposing party about to PCS, move, leave the military, or deploy? If so, when? _____

Please summarize your issues on the lines provided: _____

CONSENT TO DISCLOSE CONFLICT:

If an opposing party is entitled to Legal Assistance and comes into our office, we cannot assist that person if you have formed an attorney-client relationship here. It will then be necessary to tell the opposing party or any conflicted party that this office assists you and cannot assist them. Do you consent to this office disclosing that we are assisting you?

Yes No

Your Signature _____ **Date:** _____

FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT:** AUTHORITY 5 USC 301, Departmental Regulations, 10 USC 1044, and 32 CFR Part 727. Legal Assistance. **SYSTEM OF RECORDS NOTICE:** N05801-2. **SSN USE(S):** SSNs are used to perform client conflict of interest checks and to locate military members in databases. **ROUTINE USE(S):** Information provided is used to provide an administrative record for use by attorneys and clerical personnel directly involved in providing legal assistance; to manage internal counsel assignment, and for internal management of the office, to include generating periodic workload productivity and statistical reports. **MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE:** Disclosure of requested information is voluntary, but failure to provide such information may limit the Legal Assistance Office's ability to provide assistance. Note: Receiving services from a non-attorney at the Legal Assistance Office does not create an attorney-client relationship. In order to form an attorney-client relationship you must meet with an attorney.

Office use only: Conflict check performed by _____