

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

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.

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.

**ONLY PROVIDE INFORMATION THAT IS APPLICABLE TO YOUR SITUATION.
IF IT DOESN'T APPLY INSERT "N/A". ALL QUESTIONS MUST BE ANSWERED.**

Your Name (Last, First, Middle):					
Contact Numbers	Work:	Home:	Cell:	E-Mail:	
Home Address:			City:	State:	Zip:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Dt of Birth:	Active Duty <input type="checkbox"/>	Reserve/Guard <input type="checkbox"/>	Retiree <input type="checkbox"/>
Please Enter Military Information			Dependant <input type="checkbox"/> (enter Sponsor's info below)		
Command/Employer:					
Rank/Rate:	Pay Grade:	Branch of Service:		EAOS:	
Your Spouse's Name:			Spouse's Maiden Name:		

WHAT ISSUE WILL YOU BE DISCUSSING DURING YOUR APPOINTMENT? CHECK ALL THAT APPLY AND CIRCLE APPLICABLE 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
- POWER OF ATTORNEY: Includes Health Care Surrogate
- REAL ESTATE OR LANDLORD TENANT: Purchase/Sale; lease; rental; security deposit; eviction
- TAX: Income, sales, intangible, property, ad valorem. If it is to prepare a return during the tax season, go to the Tax Center
- WILLS OR ESTATE PLANNING: Wills, living wills, trusts, Medicaid, elder law, estate tax, probate
- CRIME VICTIM ASSISTANCE
- OTHER ISSUE: (explain) _____

Are you currently represented by an attorney? If yes, the attorney's name:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you seen a Legal Assistance Attorney before? If yes, the attorney's name:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received services from this Legal Assistance office before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what services did you receive?		

CONSENT TO DISCLOSE CONFLICT:

If an opposing party is entitled to Legal Assistance and comes into our office, we cannot represent 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 represents you AND cannot represent them. Do you consent to this office disclosing that we represent you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW

Party's Name:					
Home or Contact Address:			City:	State:	Zip:
Contact Phone Numbers	Home:	Work:	Cell:		
Active Duty <input type="checkbox"/>	Reserve/Guard <input type="checkbox"/>	Retiree <input type="checkbox"/>	Dependant <input type="checkbox"/>	Other (Explain)	
Rank/Rate:	Pay Grade:	Branch of Service:	Command:		

Your Signature _____ **Date:** _____

FOR OFFICE STAFF ONLY

ID CARD SCREEN: _____	CONFLICT CHECK: _____	CONFLICTED? YES <input type="checkbox"/>	NO <input type="checkbox"/>
APPT WITH: _____			
DATE/TIME: _____			