

# 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 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN PRINCIPAL PURPOSE(S):** Information is to monitor the caseloads in legal assistance office. **ROUTINE USE (S):** Information provided is used to assign cases and monitor legal assistance attorneys and assigned clerical personnel.

**MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE:** Disclosure of SSN is voluntary and there will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for legal assistance by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, Middle):		Last four numbers of your SSN:			
Gender: (circle one) Male    Female	Date of Birth: dd/mm/yyyy	Branch of Service: (circle one) USN    USA    USAF    USCG    USMC    DoD			
Rank/Rate:	Pay Grade:	Eligibility: (circle one) <small>Office Staff: Reference JAGMAN §0706 for details on Legal Assistance eligibility and consult with your supervisor</small> Active Duty    Dependent of Active Duty Member Retiree    Dependent of Retiree Reservist    DOD Civilian			EAOS:
Command:		UIC:			
YOUR Mailing Address:					
			City:	State:	Zip:
Home Telephone: (    )		Cellular: (    )			
Work:	Fax:	Email:			
Your Spouse's Name:		Spouse's SSN [last four #s]		Spouse's Maiden Name	

Are you currently represented by an attorney? If yes, the attorney's name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received services from this Legal Service Office before? (Office Use Only: Date seen: _____ First time client FY _____ Repeat Client FY _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what services did you receive?	
Have you seen a Legal Assistance Attorney before? If yes, the attorney's name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you seeking services relating to a pending Civilian Administrative Forum (CAF)? <small>(Overseas only)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you seeking services because you are a victim of a crime or a witness to a crime?</b> <small>If so, STOP HERE, sign at the bottom, &amp; please DO NOT give factual information/details about the crime.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

What issues will you be discussing during your appointment?

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<b>IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW</b>					
Party's Name:			Last four numbers of party's SSN (If known)		
Home or Contact Address:			City:	State:	Zip:
Home Number	Cell:	Email:	Work:		
Active Duty <input type="checkbox"/> Inactive Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent <input type="checkbox"/> Other (Explain)					
Rank/Rate:	Pay Grade:	Branch of Service:	Command:		

**Your Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only:</b> ID CARD SCREEN _____ CONFLICT CHECK _____ CONFLICTED Y _____ N _____
APPT WITH _____ WALK IN NUMBER _____ APPT TIME _____ CMTIS _____

## For NLSO Staff/Attorney Use Only

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### **ATTORNEY SERVICES: Fill in the amount of time you spent providing services to the client.**

<p><b>Wills/Estate Planning Advice</b></p> <p>Complex Wills _____</p> <p>Simple Will _____</p> <p>Will Execution _____</p> <p>Tax-Related Estate Planning Issue _____</p> <p style="text-align: center;"><b>Domestic Relations</b></p> <p>Adoption _____</p> <p>Child Custody / Support _____</p> <p>Divorce / Separation _____</p> <p>Guardianship _____</p> <p>NonSupport (Spouse/Child) _____</p> <p>Paternity _____</p>	<p><b>Consumer Issues</b></p> <p>Consumer Fraud/Abuse _____</p> <p>Creditor/Debtor _____</p> <p>Foreclosure – Home _____</p> <p>Foreclosure – Rental _____</p> <p>Predatory Lending _____</p> <p>Property/Landlord Tenant _____</p> <p style="text-align: center;"><b>Military Rights &amp; Benefits</b></p> <p>Military Rights &amp; Benefits _____</p> <p>Name Change _____</p> <p>SCRA _____</p> <p>Tax Law Issue _____</p>	<p><b>Immigration</b></p> <p>Immigration _____</p> <p>Personal Citizenship _____</p> <p style="text-align: center;"><b>Ancillary Documents Prepared</b></p> <p>General Power of Attorney _____</p> <p>Special Power of Attorney _____</p> <p>Will _____</p> <p>Durable Power of Attorney _____</p> <p>Health Care Power of Attorney _____</p> <p>Living Will _____</p> <p>SGLI _____</p> <p><b>Other Issue:</b> (Please list) _____</p>
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### **NON-ATTORNEY/CLIENT RELATIONSHIP SERVICES: Fill in the amount of time you spent providing services to the customer.**

<p><b>Powers of Attorney</b></p> <p>General Power of Attorney _____</p> <p>Special Power of Attorney _____</p> <p style="text-align: center;"><b>Immigration</b></p> <p>Citizenship _____</p> <p>Naturalization _____</p> <p>Resident Permit _____</p> <p>Visa _____</p>	<p><b>Affidavits/Notary</b></p> <p>Affidavits _____</p> <p>Notary _____</p> <p style="text-align: center;"><b>Domestic Relations</b></p> <p>Adoption Forms _____</p> <p>Child Support Calculator _____</p> <p>Dissolution of Marriage Forms _____</p> <p>Marital Separation Agreement _____</p>	<p><b>Witness Will Execution</b></p> <p>Will Execution _____</p> <p style="text-align: center;"><b>Rights and Benefits</b></p> <p>Name Change _____</p> <p style="text-align: center;"><b>Other</b></p> <p>(Please list) _____</p> <p>DH/ADH Notes: _____</p>
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**Attorney Name:** \_\_\_\_\_ **CREATE A FILE:**     YES     NO

**Legalman/Paralegal Name:** \_\_\_\_\_ **CMTIS ENTRY:**     YES     NO

**Time Started** \_\_\_\_\_

**Time Ended** \_\_\_\_\_