

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 Ch. 7 for details on legal assistance eligibility and consult with your supervisor</small>			EAOS:
		Active Duty Retiree Reservist	Dependent of Active Duty Member Dependent of Retiree DOD Civilian		
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? <small>(Office Use Only: Date seen: _____ First time client FY _____ Repeat Client FY _____)</small>	<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
Are you seeking services because you are a victim of a crime or a witness to a crime? <small>If so, STOP HERE, sign at the bottom, & please DO NOT give factual information/details about the crime.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you seeking services because you are a victim of domestic violence? <small>If so, STOP HERE, sign at the bottom, & please DO NOT give factual information/details.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

What issues will you be discussing during your appointment?

<u>IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW</u>					
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:** _____

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

For NLSO Staff/Attorney Use Only

ATTORNEY SERVICES: (Fill in the amount of time spent by an attorney or support staff providing services to a Client on a matter for which an attorney-client relationship has been established.)

Wills/Estate Planning Advice and Will Execution	Consumer Issues	Immigration
Complex Wills _____	Consumer Fraud/Abuse _____	Immigration _____
Simple Will _____	Creditor/Debtor _____	Personal Citizenship _____
Will Execution _____	Foreclosure – Home _____	Ancillary Documents Prepared
Tax-Related Estate Planning Issue _____	Foreclosure – Rental _____	GPOA (DL-Wills) _____
Domestic Relations	Predatory Lending _____	SPOA (DL Wills) _____
Adoption _____	Property/Landlord Tenant _____	Will(DL WillsDraft/Witness) _____
Child Custody / Support _____	Military Rights & Benefits	DGPOA (DL Wills) _____
Divorce / Separation _____	Military Rights & Benefits _____	HC-POA (DL Wills) _____
Guardianship _____	Name Change _____	Living Will (DL Wills) _____
NonSupport (Spouse/Child) _____	SCRA _____	SGLI _____
Paternity _____	Tax Law Issue _____	Other Legal Issue: <i>(Please list)</i>

CUSTOMER SERVICES (ALL NON-ATTORNEY/CLIENT RELATIONSHIP SERVICES): Fill in the amount of time spent by an attorney or support staff providing NON-A/C services to the Customer.

Powers of Attorney	Affidavits/Notary	Other
General Power of Attorney _____	Affidavits _____	<i>(Please list)</i> _____
Special Power of Attorney _____	Notary _____	DH/ADH Notes: _____

Attorney Name: _____

Legalman/Paralegal Name: _____

Time Started _____

Time Ended _____

CREATE A FILE: YES NO

CMTIS ENTRY: YES NO