

Defense Service Office Southeast
Client Intake Information Sheet
(Pers Rep / Remote)

Client Information

Last Name _____ First Name _____ M.I. _____

SSN: xxx-xx- _____ Date Of Birth _____ Gender: M ___ F ___
(Last four only) *(DD/Mon/YYYY)*

Rate _____ Pay Grade _____ Branch of Service: USN ___ USCG ___ USMC ___

Your Current Address or Location: _____

Home Telephone _____

E-mail Address: _____

Cellular Telephone: _____

Best Contact Number: _____

Does anyone else have access to the voice mail on your cell or home telephone number or to your e-mail address?: _____

Reason for Requested Service:

Command Contact Information

Command Name and Location _____

Command Phone and Point of Contact _____

******To be filled out by Defense Service Office Personnel******

Time Call Received: _____

Time Service Provided: _____

Referred to Remote Service Duty Officer? Yes___No___

Attorney Providing Service: _____

Entered into CMTIS_____

Checked System and Log:

Pers Rep Conflict: Yes___No___

CM Conflict: Yes___No___

Reason for conflict:

Previous Visit/ Attorney seen:_____

Service Provided:

NJP Advice:

BCNR Advice:

ADSEP Advice :

Article 138/1150 :

Article 31(b) Rights:

DFC Advice:

Other:

Civilian Case:

Attorney Comments:

