

DEFENSE SERVICE OFFICE



Privacy Act Data Cover Sheet

To be used on
all documents
containing personal
information

DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s).

Privacy Act Data Cover Sheet

DD FORM 2923, SEP 2010

DEFENSE SERVICE OFFICE WEST

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Exec. Order 9397) PRINCIPAL PURPOSE (S): Information is to monitor the caseloads in defense office. ROUTINE USE (S): Information provided is used to assign cases and monitor defense attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of PII is voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, may be requested to establish eligibility for legal services 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 Legal Department's ability to provide assistance.

Last Name	First Name	MI	Gender	DOB	Rank/Rate

Branch of Service	EAOS (dd/mm/yy)	Rank/Rate	Pay Grade
<input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> Other _____ <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves			

Command & Phone #:		UIC:
--------------------	--	------

Contact Information:		
Street Address:	Home:	Cell:
City:	Work:	Fax:
State:	Zip Code:	
E-mail:	Preferred Contact:	

Legal Advice/Services Needed (Check all the apply):

- | | | |
|--|---|--|
| Administrative Separation <input type="checkbox"/> | Pre-NJP Advice <input type="checkbox"/> | PTC Hearing <input type="checkbox"/> |
| Congressional Inquiry <input type="checkbox"/> | NJP Appeal Advice <input type="checkbox"/> | Correction of Naval Records <input type="checkbox"/> |
| Adverse Evaluation <input type="checkbox"/> | Under Investigation by NCIS/Police <input type="checkbox"/> | Court-Martial Charges <input type="checkbox"/> |
| Board of Inquiry (BOI) Advice <input type="checkbox"/> | Under Command Investigation <input type="checkbox"/> | IG Complaint <input type="checkbox"/> |
| Complain of Wrongs(138/1150) Advice <input type="checkbox"/> | Security Clearance Revocation <input type="checkbox"/> | Other (please fill in reason below) <input type="checkbox"/> |

Brief explanation of reason for seeing/speaking with attorney: _____

(This section MUST be completed). Are there other personnel (includes victims or witnesses) involved in this case? If so, please list them along with their rank, rate, unit (if known): _____

Have you previously been seen or discussed this matter with an attorney? If so please list their name and applicable dates: _____

DO NOT WRITE BELOW THIS LINE. FOR DSO STAFF USE ONLY.

Intake Personnel Initials _____ Date: _____ Time: _____

Field Call Location: San Diego Lemoore CA Ventura CA Fallon, NV Corpus Christi, TX Bremerton WA Everett WA

Whidbey Island WA Underway/Deployed Other _____

Entered in CMTIS: Y / N Conflict Check: Y / N

Reason for Conflict: _____

DEFENSE SERVICE OFFICE WEST

Remote Service Confidentiality Disclosure

It is the policy and practice of Defense Service Office (DSO) that the confidentiality of all client information and related matters is protected in every possible manner and at all times. Individuals who seek legal services from DSO do so under an attorney-client relationship that is limited in duration and scope to specific and discreet legal matters. Our professional and ethical obligations require us to ensure confidentiality is protected. All personnel assigned to DSO fall under this confidentiality requirement and may NOT discuss any matters outside of the office, including the names of prospective, actual or former clients, specific legal matters that an individual is seeking assistance for, and any specific matter or outcome that may occur in an individual case, unless authorized to do so with the client's permission or otherwise authorized under the law.

I understand this means that while I am receiving legal defense services via remote means (e.g., telephonically, Defense Connect Online (DCO), e-mail, or other means not conducted face-to-face in a DSO office), the above confidentiality also applies. I further understand that the use of technology to communicate with DSO personnel carries an inherent risk of third party interception. Although DSO will take all reasonable measures necessary to ensure privacy in remote attorney-client communications, DSO cannot guarantee privacy as remote communications rely upon providers outside of the Department of Defense (e.g., cell phone signals/providers, NMCI or commercial internet provider, or any other electronic medium).

I also understand if any unauthorized or nonessential third party is present or can overhear any portion of the conversation, confidentiality and the applicability of the attorney-client privilege may be compromised. In other words, parties outside of DSO are not bound by ethical rules to maintain the confidence of the communication and could potentially testify regarding what they have intercepted. This includes Region Legal Service Office (RLSO) personnel working adjacent to DSO remote offices.

By signing below, I acknowledge that I understand this disclosure and have had the opportunity to discuss this with a DSO attorney before commencing any confidential discussions. I consent to receiving legal advice by remote, electronic means and that DSO will take all precautions within its control to ensure the confidentiality of our communications.

Signature

Date

DEFENSE SERVICE OFFICE WEST

LIMITED SCOPE OF REPRESENTATION AGREEMENT

PERSONAL REPRESENTATION

1. The purpose of this form is to inform you of the limited scope of representation that the attorney is authorized to provide you during this meeting.
2. The nature of this meeting is informational. Anything you tell the attorney during this meeting will be confidential, meaning that the attorney may not disclose that information without your permission or as otherwise required by law.
3. **This meeting does not form an ongoing attorney-client relationship.** In meeting with you today, the attorney is authorized to advise you on the matter for which you seek assistance, including:
 - a. Reviewing any documentation that you may have and analyzing the facts and law related to your situation. The attorney will answer your questions and provide advice on possible outcomes and options;
 - b. Assisting you in understanding any forms or other documents that the government may have provided you with and explaining those forms and their attendant consequences;
 - c. Assisting you to understand relevant law, remedies, or avenues of redress.
4. The attorney is not authorized to take steps beyond advising you on the matter you are here for today.
5. This letter is meant to specifically limit the scope of the attorney's representation of you to the current situation giving rise to this appointment. While all of your communications with the attorney concerning this matter will remain confidential, the formation of any attorney-client relationship will extend only so far as the current PERSREP situation and will not extend to any future administrative or criminal proceeding without necessary authorization.

I acknowledge the limited scope of the advice which I will receive in this counseling session.

Your signature and date

Printed Name

DEFENSE SERVICE OFFICE WEST

Paralegal Initials: _____ Time: _____ CMTIS Entry Made: _____

Paralegal Notes:

Attorney Initials: _____ Time: _____ CMTIS Entry Made: _____