

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

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.

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.

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. The attorney-client relationship will terminate when the attorney's involvement in the current case ends.

First Name:		Middle Name:		Last Name:		Maiden Name (if applicable):			
Street Address:				City:		State:		Zip:	
DOD ID #:		Cell Phone:		Birth Date:		Email:			
Male <input type="checkbox"/>		<input type="checkbox"/> Active Duty		<input type="checkbox"/> Dependent		Name of Spouse (include maiden name in parentheses)			
Female <input type="checkbox"/>		<input type="checkbox"/> Reserve/Guard		<input type="checkbox"/> Other (Explain):					
		<input type="checkbox"/> Retiree							
<u>Military Information for Self or Spouse/Sponsor</u>									
<input type="checkbox"/> Marine Corps		<input type="checkbox"/> Air Force		<input type="checkbox"/> Coast Guard		Rank/Rate:		Unit:	
<input type="checkbox"/> Navy		<input type="checkbox"/> Army		<input type="checkbox"/> DoD Civilian					
Are you currently represented by a civilian attorney or have you seen a Military Legal Assistance Attorney before?								Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is the attorney's name?									
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?									

ADVERSE OR OPPOSING PARTY INFORMATION

First Name	Middle Name	Last Name	Maiden Name (if applicable)
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-OR-

Name of Business:				
Street Address:		City:	State:	Zip:

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 ☐ No ☐

Signature: _____ Date: _____

FOR OFFICE STAFF ONLY

ID CARD SCREENED <input type="checkbox"/>	CONFLICT CHECKED <input type="checkbox"/>	CLERK NAME: _____ SIGNATURE : _____	
ASSIGNED ATTORNEY NAME AND RANK:		ATTORNEY REVIEWED CMS CASE FILE: <input type="checkbox"/> CMS REVIEWED	ATTORNEY SIGNED:

Revised 02/2024

DUAL REPRESENTATION WAIVER OF CONFLICT

☐ By checking this box you acknowledge that (1) both parties waive their right to attorney client privilege in regards to any and all communications, legal advice, production of documents, etc. in relation to both parties; (2) if either party becomes adverse during the course of joint representation, **both** parties will be excluded from representation, regardless of who becomes the adversarial party; (3) at the time of signing this document, there are no adversarial legal issues between the parties; and (4) any future legal issues from the parties, to include the present legal matter and all other matters related or otherwise, may disqualify both parties from joint, or sole attorney client representation. Both Parties must sign and date this Dual Representation Wavier of Conflicts for it to become effective, until such time, there shall only be one party that benefits from the attorney client privilege.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

What issue will you be discussing in your appointment? Check all that apply and circle applicable issues.

- ☐ 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: Need referral to Victims' Legal Counsel
- ☐ OTHER ISSUE: (explain) _____

Please provide a summary of your legal situation:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.