

Wait Time 

**For Office Use Only:** Time of App't \_\_\_\_\_ Time Arrived \_\_\_\_\_ Time Intake Form Returned to Clerk \_\_\_\_\_  
 Time Seen by Atty \_\_\_\_\_ Case Atty \_\_\_\_\_ Case Paralegal \_\_\_\_\_

## 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 DoD ID NUMBER 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 DoD ID Number 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.

1. Your Name (Last, First, Middle):		2a. DoD ID:	2b. ID Card Exp:	2c. Last 4 SSN
3. Gender:	4. Date of Birth: DD      MMM      YYYY	5. Eligibility: (Check) <input type="checkbox"/> Active Duty <input type="checkbox"/> Dependent of Active Duty Member <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent of Retiree <input type="checkbox"/> DOD Civilian		
6. Service Branch of Yourself or Sponsor:		7. End of Active Duty Service Obligation: DD      MMM      YYYY	8. Pay Grade:	9. Rank/Rate:
10a. Command:		10b. Do you have operational commitments in the next six months? <small>This includes deployments, TAD, and/or PCS</small> <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. YOUR Current Home or Mailing Address:				
		City:	State:	Zip:
12a. Home Telephone: _____		12b. Cellular: _____		
12c. Work: _____		13a. Email Address: _____		
14a. Spouse's Name (Last, First, Middle):		14b. DoD ID Number and last 4 SSN:		14c. Spouse's Maiden Name:

15. Have you hired a civilian attorney relating to the legal issue(s) to be discussed today?	___Yes ___No
16. Have you previously met with any military attorney relating to the legal issue(s) to be discussed today?	___Yes ___No
17. Are you seeking services relating to a pending Administrative Proceeding?	___Yes ___No
18. Are you seeking services because you are a victim of a crime?	___Yes ___No
19. Do you know if your spouse has been seen at this office for any reason?	___Yes ___No
20. Do you have operational commitments in the next six months? <small>This includes deployments, TAD, and/or PCS</small>	___Yes ___No
21. Did you bring all documents pertaining to your situation with you today? <small>(At the servicing attorney's discretion, you may need to reschedule your appointment as our services could be limited if you do not have any and all documents related to your case.)</small>	___Yes ___No
<b>22. PROVIDE INFORMATION ABOUT THE PERSON/BUSINESS WITH WHOM YOU HAVE A LEGAL DISPUTE/ISSUE</b> For divorce/child custody and support/paternity issues, it's your spouse/the other parent. For housing issues, it's usually the landlord. For consumer fraud/abuse and identity theft, it's the person/company committing the fraud/abuse/theft, etc.	
Full Name: (Last, First, Middle)	(Maiden, if applicable)      Date of Birth, if known: DD      MMM      YYYY
Address:	Military ___Yes ___No

**By signing below, I certify all information is true and correct to the best of my knowledge.**

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Client Use ✓	LEGAL ISSUE	Atty Use: Record Time	Client Use ✓	LEGAL ISSUE	Atty Use: Record Time
	<b>Wills/Estate Planning</b>			<b>Military Rights/Benefits</b>	
	General Estate Planning Advice/General Probate Advice; No Documents Drafted			SCRA	
	Tax-Related Estate Planning Issue			Credit Bureau Deployment Alerts	
	<b>Simple Wills</b>			MSRRA	
	Will			Retiree/VA Benefits	
	Living Will (medical)			Survivor Benefits Program	
	Health Care POA/Advance Directive			USERRA	
	Durable Power of Attorney (POA)			UFSPA including CHCBP	
	Trust for minors DD 93			<b>Consumer Fraud/Abuse</b>	
	SGLI beneficiary designation			Auto fraud	
	<b>Non Support</b>			Door to door sales violations	
	Alimony (spouse/domestic partner)			Identity theft	
	Child			Lending fraud	
	<b>Divorce/Separation</b>			Mortgage fraud	
	<b>Custody</b>			Deceptive acts and practices violations	
	Guardianship			<b>Creditor/Debtor</b>	
	Child Custody/Child Protective Services			Bankruptcy/Credit Counseling	
	Conservatorship/ Adult protective services			Debtor counseling/security clearance	
	<b>Adoption</b>			Defendant in Collection Suit	
	<b>Paternity</b>			FCRA/FDCPA	
	<b>Name Change</b>			Lemon law counseling	
	<b>Property/Landlord</b>			<b>Predatory Lending</b>	
	<b>Tenant</b>			Bank debit card fees/overdraft fees/prepaid credit card fees	
	Foreclosure/Short Sale			Cash advances	
	Landlord-Tenant Dispute			Pay day loans	
	Lease Review - tenant or AD landlord			Title loans	
	Real Estate Purchase Contract Review			<b>Power of Attorney</b>	
	<b>Other</b>			Advice Only	
				Advice & Drafting	
				<b>Military Admin Actions</b>	
				Reprimands	
				Evaluation Appeals	
				FLIPLs	
				Article 138 Requests	
				Qualitative Management Program	
				Pay Garnishment	

FOR OFFICE USE ONLY: CIS SEARCHES PERFORMED: ID CARD\_\_\_ CONFLICT CHECK: BY NAME\_\_\_ BY SSN\_\_\_ BY DODID\_\_\_ WITH SPOUSE INFORMATION\_\_\_ WITHOUT SPOUSE INFORMATION\_\_\_ CLIENT SEARCH: BY LAST NAME\_\_\_ WITH FIRST NAME\_\_\_ BY DODID\_\_\_ PARTIAL SPELLINGS\_\_\_ POTENTIAL CLIENT MATCH IN SPOUSES\_\_\_ POTENTIAL MATCH IN ADVERSE PARTIES\_\_\_ ADVERSE PARTY MATCH IN CLIENTS\_\_\_

FILE CREATED BY \_\_\_\_\_ ON \_\_\_\_\_