

Wait Time Walk-In Number 

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

## 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):		2. DoD ID Number:	
3. Sex: (check) M    F	4. Date of Birth: DD ____ MMM ____ YYYY ____	5. Eligibility: (Check) <i>Office Staff: Reference JAGMAN Ch. 7 for details on legal assistance eligibility and consult with your supervisor</i>	
6. Service Branch of Yourself or Sponsor: (check) USN    USA    USAF    USCG    USMC    DOD		Active Duty Retiree Reservist (inactive/drilling) 20/20/20 Spouse DOD Civilian	Dependent of Active Duty Member Dependent of Retiree Dependent of DOD Civilian (overseas only) DOD Contractor (overseas only)
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? This includes deployments, TAD, and/or PCS <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 (if known):	14c. Spouse's Maiden Name:

15. Have you hired a civilian attorney relating to the legal issue(s) to be discussed today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you previously met with any military attorney relating to the legal issue(s) to be discussed today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you seeking services relating to a pending Civilian Administrative Forum? (OCONUS only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you seeking services because you are a victim of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are you seeking services because you are a victim of domestic violence or assault of any kind involving a service member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>20. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No

### 21. What issues will you be discussing during your appointment?

\*\*\*Please turn this form over and check all applicable legal categories in the client use boxes.\*\*\*

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

**For Office Use Only:** ID CARD SCREEN \_\_\_\_\_ INITIAL CONFLICT CHECK \_\_\_\_\_ ATTY CONFLICT CHECK \_\_\_\_\_  
 FILE CREATED \_\_\_\_\_ CL & OP ENTERED INTO CMTIS \_\_\_\_\_ SERVICES ENTERED INTO CMTIS \_\_\_\_\_

Client Use ✓	LEGAL ISSUE	Atty Use: Record Time	Client Use ✓	LEGAL ISSUE	Atty Use: Record Time
	<b>Wills/Estate Planning</b>			<b>Naturalization/Immigration</b> (Personal Citizenship)	
	General Estate Planning Advice/General Probate Advice; No Documents Drafted			Naturalization - Active duty or veteran	
	Tax-Related Estate Planning Issue			Immigration - Dependents	
	<b><u>Simple Wills</u></b>			<b>Military Rights/Benefits</b>	
	Will			SCRA	
	Living Will (medical)			Credit Bureau Deployment Alerts	
	Health Care POA/Advance Directive			MSRRA	
	DPOA (financial)			Retiree/VA Benefits	
	Trust for minors			Survivor Benefits Program	
	DD 93			USERRA	
	SGLI beneficiary designation			UFSPA including CHCBP	
	<b><u>Complex Wills</u></b>			<b>Consumer Fraud/Abuse</b>	
	Credit Shelter Trust			Auto fraud	
	DCS trust			Door to door sales violations	
	Marital deduction trust			Identity theft	
	Qualified domestic trust			Lending fraud	
	Qualified terminable interest trust			Mortgage fraud	
	Special needs trust			Deceptive acts and practices violations	
	<b>Will Execution</b>			<b>Creditor/Debtor</b>	
	<b>Non-Support</b>			Bankruptcy/Credit Counseling	
	Alimony (spouse/domestic partner)			Debtor counseling/security clearance	
	Child			Defendant in Collection Suit	
	<b>Divorce/Separation</b>			FCRA/FDCPA	
	<b>Custody</b>			Lemon law counseling	
	Guardianship			<b>Predatory Lending</b>	
	Child Custody/Child Protective Services			Bank debit card fees/overdraft fees/prepaid credit card fees	
	Conservatorship/ Adult protective services			Cash advances	
	<b>Adoption</b>			Pay day loans	
	<b>Paternity</b>			Title loans	
	<b>Name Change</b>			<b>Power of Attorney</b>	
	<b>Property/Landlord Tenant</b>			Advice Only	
	Foreclosure/Short Sale (Tenant Only)			Advice & Drafting	
	Landlord-Tenant Dispute			<b>Tax Law</b>	
	Lease Review - tenant or AD landlord			Advising about an IRS notice	
	Real Estate Purchase Contract Review			Advising about a State Tax notice	
	Foreclosure/Shortsale Advice			<b>Domestic Violence/Assault</b>	

## **ATTORNEY/CLIENT PRIVILEGED INFORMATION**

Briefly describe the issues for which you are seeking legal assistance in the field below. You do not need to give specific facts or provide detailed background, but you should provide as much information as you can in order to allow us to understand what services you will require. This information is privileged and confidential and will not be shared with anyone. It will be used only by the attorney or paralegal assigned to assist you in order to prepare for your appointment.

**\* \* \* FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE \* \* \***

**PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101** This document is subject to the Privacy Act of 1974 (5 U.S.C. 552a). This document is for the sole use of the intended recipient(s) and may contain unclassified confidential, attorney work product, and/or attorney/client privileged information. Any unauthorized disclosure, copying or dissemination of this document is prohibited. If you are not the intended recipient, please notify the sender by telephone or e-mail and delete all copies received. Any misuse or unauthorized disclosure of this document can result in both civil and criminal penalties. Information provided is used to monitor the caseloads in legal assistance office, to assign cases, and monitor legal assistance attorneys and assigned clerical personnel. For further information, see DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007

**REGION LEGAL SERVICE OFFICE**  
**LEGAL ASSISTANCE DEPARTMENT**  
**REQUEST TO RECEIVE REMOTE LEGAL ASSISTANCE SERVICES AND**  
**CONFIDENTIALITY DISCLOSURE**

As a party eligible for Navy legal assistance services, I hereby request to receive those services by remote means. Remote means may include discussion and communications with RLSO legal assistance attorneys and support staff by telephone, electronic mail (email), internet programs to include Defense Connect Online (DCO) and DoD Safe File Exchange at safe.apps.mil, or other means conducted in place of face-to-face consultations. I am seeking remote services as a matter of personal convenience or necessity and understand that I may schedule a face-to-face appointment by calling RLSO Legal Assistance Appointment Desk lines listed at jag.navy.mil. I am aware that I may discuss issues concerning remote delivery of services with a RLSO legal assistance provider prior to my disclosure of confidential information or the delivery of legal assistance support by remote means.

I understand that the confidentiality of all my communications with RLSO personnel is of the utmost importance. RLSO legal assistance offices are required by federal law and Navy regulation to safeguard my private information and case-related matters from improper disclosure. All personnel assigned to RLSO legal assistance offices are subject to this confidentiality requirement and may not discuss my private client information outside the scope of their official duties or disclose my information to third parties without my permission or as otherwise required by law.

While I understand the confidentiality requirements regarding my case, I also understand that accessing legal assistance services via remote means subjects my communications with RLSO legal assistance office personnel to possible interception or discovery by third parties. While RLSO legal assistance personnel will take all reasonable measures to protect my private information as required by law and Navy regulation, RLSO legal assistance personnel cannot control or guarantee absolute privacy of communications made via telephone, cell phone, email, internet, or any other electronic communication systems not operated by RLSO legal assistance offices. While the risk of any intercept maybe low, it is a risk I accept in seeking legal assistance support through these remote means. This waiver does not negate the duties of RLSO legal assistance offices under applicable federal law and Navy regulation to safeguard my private information.

I also understand that the presence of any third party I allow to be present or participate in my communications with RLSO legal assistance providers may compromise the privacy of my information and any underlying "attorney-client privilege" I may form with those providers. A third party (to include a roommate, co-worker, friend, spouse, or parent) is not bound by any rules of confidentiality and could relate my information for any purpose to any other party. I understand it is my responsibility to conduct this consultation in as private a manner as possible from wherever I am at the time the consultation occurs.

By signing below, I acknowledge that I have read and understand this disclosure, have discussed any confidentiality concerns with a RLSO legal assistance provider, and desire the provision of legal assistance services by remote means.

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Signature

Date

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Printed Name (to include any alias, prior, or maiden name)