

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls, special instructions, points of contact, etc., if needed.

ATTENTION

All individuals handling this information are required to protect it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be allowed as necessary and permissible to any individual(s), organization(s), or grouping(s) of users, provided such access or dissemination is consistent with or in furtherance of a Lawful Government Purpose and in a manner consistent with applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI

DEFENSE SERVICE OFFICE

Intake Personnel Initials ____ / Date: _____ / Time: ____

Location: WNYD SUBASE NLON ANNAPOLIS RTC GLAKES NSA NAPLES NSA BAHRAIN NS ROTA

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.

DoD ID Number	Last Name, First Name	MI	Sex	DOB	Rate/Rank

Branch of Service	EAOS (dd/mm/yy)	Years of Service	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/Retiree (limited services)			

Command Name:		UIC:
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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"/>	Retirement Grade Determination <input type="checkbox"/>
Congressional Inquiry <input type="checkbox"/>	NJP Appeal <input type="checkbox"/>	Correction of Naval Records <input type="checkbox"/>
Adverse Evaluation <input type="checkbox"/>	Under Investigation by NCIS/Police <input type="checkbox"/>	Other (Please list below) <input type="checkbox"/>
Board of Inquiry (BOI) Advice <input type="checkbox"/>	Under Command Investigation <input type="checkbox"/>	
Complaint of Wrongs (138/1150) Advice <input type="checkbox"/>	Security Clearance Revocation <input type="checkbox"/>	
IG Complaint <input type="checkbox"/>	Court-Martial Charges <input type="checkbox"/>	

Brief explanation of reason for seeing/speaking with attorney:

Are there other personnel involved in your situation? 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:

DEFENSE SERVICE OFFICE

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. Professional and ethical obligations require DSO personnel 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 (i.e., 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 (i.e., 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

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. 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.** However, in meeting with you, 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; and
 - 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, but may be authorized to do so at a later time if circumstances require.
5. This letter is meant to specifically limit the scope of your relationship with the attorney providing you the specific advice you are currently seeking. 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 future necessary authorization.

I acknowledge the limited scope of the representation which I will receive in this meeting.

Your signature and date

Printed Name