LEGAL ASSISTANCE OFFICE (LAO) CLIENT INTAKE QUESTIONNAIRE

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN PRINCIPAL PURPOSE (S): Information is to monitor the caseloads in the 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 SSN is voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, may be requested to establish eligibility for Legal Assistance 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 the Legal Assistance Office's ability to provide assistance.

REPRESENTING YOU: Information is confidential and subject to attorney-client privilege. The attorney's duty to actively represent your interests ends when we conclude work on your current matter. You must contact us as requested by your attorney and tell us about any email, residential address, and telephone number changes and about any important changes in your situation while we are assisting you. **Do NOT sign any agreement or legal documents until an attorney reviews it first**.

CLIENT INFORMATION:

LAST Name, First, Middle (If applicable, INCLUDE MAIDEN NAME):			**Last 4 of SSN:**	**Male o Female o**
LOCAL Street Address (not HOR):	**City:**	**State:**	**Zip:**	**Active Duty o**
**** E-mail address:**	**Home #:**	**Work #:**	**Cell #:**	**Retired o**
				Family member o
Rank:	**Pay Grade:**	**Branch of Service:**	**EAS:**	**Command:**

****** The LAO makes every effort to protect your confidential information. Nonetheless there may be times when you wish to communicate with your attorney via email. Understanding that government email may be monitored, do you consent to communicating with your attorney via email? **o YES o NO**

Signature **Date**

SPOUSE'S INFORMATION – PLEASE COMPLETE DETAILS BELOW (REQUIRED)

LAST Name, First, Middle (if applicable, INCLUDE MAIDEN NAME)			**Last 4 of SSN:**	
Street Address:		**City:**	**State:**	**Zip:**
Active Duty o	**Retired o**	**Family member: o**		
Rank:	**Pay Grade:**	**Branch of Service:**	**EAS:**	**Command:**

REASON YOU ARE HERE TO SEE AN ATTORNEY (For Example: Will, Name Change, Adoption, etc.):

OPPOSING PARTY INFORMATION, PLEASE COMPLETE DETAILS BELOW (REQUIRED)

NAME OF PERSON OR BUSINESS:

ADDRESS:

IF OPPOSING PARTY IS A SERVICE MEMBER (ACTIVE DUTY OR RETIRED), OR A DEPENDENT, PLEASE GIVE RANK, BRANCH OF SERVICE, AND UNIT, IF KNOWN, OF MILITARY MEMBER AND/OR SPONSOR:

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 o NO o**

VALID ARMED FORCES MILITARY ID CARD(S) VIEWED & VERIFIED BY:

_____

**** PLEASE READ AND SIGN REVERSE SIDE ****

(This page will be provided to you when you make your appointment.)