

USCG ARCTIC DISTRICT LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

DO NOT PROVIDE ANY DOCUMENTS OR PAPERWORK TO US UNTIL REQUESTED

The Legal Assistance Office requests the information on this form to enable us to check for representational conflicts and to determine eligibility for assistance. Your simply providing the information does not create an attorney-client relationship between you and the legal assistance office.

****WE ARE UNABLE TO ASSIST WITH CIVILIAN OR MILITARY CRIMINAL MATTERS****

ID Card must be provided

Eligibility: Active Duty, Dependent, Active Duty Retiree or Category 1 Reserve Retiree, and Reservist on Active Duty or scheduled for deployment

FOR OFFICE STAFF ONLY:

Date Processed: _____

ID Card Screen: Yes No Conflicted: Yes No Conflict Check: Law Manager Number:

Name:	<input type="checkbox"/> Member	<input type="checkbox"/> Retired	
First, Middle, Last	<input type="checkbox"/> Dependent	<input type="checkbox"/> Reserve	Employee ID Number (EMPLID): if applicable
Maiden Name (if applicable)			
Spouse:	<input type="checkbox"/> Member	<input type="checkbox"/> Retired	
First, Middle, Last	<input type="checkbox"/> Dependent	<input type="checkbox"/> Reserve	Employee ID Number (EMPLID): if applicable
Maiden Name (if applicable)			
Current residence:	State of legal residence		
Street address	City	State	Zip code

Branch of Service	Unit Employer	Rate/Rank	Pay Grade	Separation/PCS Date
Phone Number	Phone Number	Email Address		Email Address
Primary (include area code)	Alternate (include area code)	CG Global email		Personal email
I am the only person with access to voicemail for these phone numbers:	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	I authorize attorneys and support personnel to leave a message for me at these phone numbers:		<input type="checkbox"/> Primary <input type="checkbox"/> Alternate

I am the only person with access to these email addresses: Coast Guard global email Personal email

Use of email over the Internet may not be secure and could be accessed by third parties.
Do you consent to this office communicating with you via email? Yes No

Sponsor Service	Sponsor Rate/Rank	Sponsor Current Duty Station	Sponsor Phone Number	Sponsor Email Address
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CONSENT TO DISCLOSE CONFLICT: If an opposing party is entitled to legal assistance and comes to our office, we cannot help that person if you have formed an attorney-client relationship with us. It will be necessary to tell the opposing (conflicted) party that this office represents you AND cannot represent him or her. Do you consent to our disclosing that we represent you? Yes No

Have you already engaged any other attorney to represent you regarding these issues?
If you are represented by an attorney, this office cannot assist you. You may have your attorney contact us for military-specific issues. Yes No

TYPE OF LEGAL ASSISTANCE REQUESTED

(Please check and circle or highlight all areas that apply)

<input type="checkbox"/> Estate planning (including wills and advanced medical directives, a/k/a living wills) <input type="checkbox"/> Military service protections (including SCRA and USERRA) <input type="checkbox"/> Domestic relations (including marriage, dissolution, spousal support, child custody, support, and visitation, and nonsupport)	<input type="checkbox"/> Landlord-tenant relations (including security deposit disputes and lease reviews) <input type="checkbox"/> Consumer affairs (including bankruptcy) <input type="checkbox"/> Real property (buying/selling and drafting of leases) <input type="checkbox"/> Immigration and citizenship	<input type="checkbox"/> Civil suits/small claims <input type="checkbox"/> Taxes <input type="checkbox"/> Civil rights matters (complaints of discrimination in the civilian community) <input type="checkbox"/> Step-parent adoption/name change	<input type="checkbox"/> Minor criminal activity (including traffic violations) <input type="checkbox"/> Decedent and Casualty Affairs <input type="checkbox"/> Torts <input type="checkbox"/> Other (describe briefly): _____ _____ _____
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PROVIDE COMPLETE DETAILS BELOW REGARDING ANY ADVERSE OR RELATED PARTIES

Name:	SSN or EMPLID (if known)		
Home or Contact Address:	City:	State:	Zip:
Contact Numbers: Work:	Home:	Relationship to you/your case:	
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reserve/Guard	<input type="checkbox"/> Retiree	<input type="checkbox"/> Dependent
<input type="checkbox"/> Other (explain)			
Rank/Rate:	Pay Grade:	Branch of Service:	Duty station:

Signature/Digital Signature: _____ **Date:** _____