

REQUEST FOR LEGAL ASSISTANCE – CLIENT INTAKE SHEET

D11 Legal Assistance Office, Bldg 54-A • Coast Guard Island, Alameda, CA 94501 • D11-SMB-D11-Legal Assistance@uscg.mil • (510) 437-5891

Enter Your Information Below:		
Last, First, Middle:	EMPLID (USCG Only):	
Status/Service:	Sponsor's Rank/Rate:	Current Duty Station:
Current Address:		State of Residence:
Primary Phone Number(s): Alternate Phone Number: I am the only person with access to voicemail for these phone numbers, and I authorize the D11 Legal Assistance Office personnel to leave messages for me at these phone numbers: <input type="checkbox"/> Primary <input type="checkbox"/> Alternate		
Primary Email Address: Alternate Email Address: I understand that confidentiality and identity may not be fully protected when email correspondence is used. I authorize D11 Legal Assistance Personnel to correspond with me at this email address, which only I have access to: <input type="checkbox"/> Primary <input type="checkbox"/> Alternate		

Your current Spouse (if married):	
Last, First, Middle:	Status (member/dependent):
Your former Spouse (if divorced):	
Last, First, Middle:	Status:

Related and/or Adverse Parties, if applicable (landlord, creditor, company, etc.):	
Last, First, Middle:	Status:

TYPE OF LEGAL ASSISTANCE REQUESTED (Check All That Apply):			
<input type="checkbox"/> Notary	<input type="checkbox"/> Domestic relations (marriage, separation/divorce, spousal support, adoption, child custody, child support, etc.)	<input type="checkbox"/> Civil suits	<input type="checkbox"/> Other (describe briefly):
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Real property	<input type="checkbox"/> Torts	_____
<input type="checkbox"/> Estate planning (Wills)	<input type="checkbox"/> Immigration and citizenship	<input type="checkbox"/> Minor criminal matters (traffic violations, etc.)	_____
<input type="checkbox"/> Advanced medical directives	<input type="checkbox"/> Taxes	<input type="checkbox"/> Civil rights matters	_____
<input type="checkbox"/> Landlord/tenant relations		<input type="checkbox"/> Casualty affairs	_____
<input type="checkbox"/> Consumer issues		<input type="checkbox"/> Probate	_____
<input type="checkbox"/> SCRA & USERRA			_____
<input type="checkbox"/> I have not already engaged any other attorney to represent me regarding these issues.			
<input type="checkbox"/> I have previously/currently retained an attorney.			
YOUR ATTORNEY'S: Last name, First name, Middle name or initial _____			
<input type="checkbox"/> I authorize D11 Legal Assistance Office to contact this attorney regarding these issues.		Primary phone number (include area code) _____	Alternate phone number (include area code) _____

Synopsis of Legal Issue/Specific questions you have:

Your Signature: _____ **Date:** _____

Privacy Act Statement – DOD ID or CG EMPL ID Number Principal Purposes and Routine Uses: Authority: 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397). Information provided is used to assign and monitor the caseloads of personnel in legal assistance offices.

Mandatory/Voluntary Disclosure - Consequences of Refusal to Disclose: Disclosure of DOD ID or CG EMPL ID Number is voluntary and there will be no adverse consequence from refusal to disclose. 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; however, failure to provide such information may limit this office's ability to provide legal assistance.

D11 Records Retention Disclosure: Legal Assistance client records obtained after January 1, 2011 will be retained for a time period no longer than three years.

FOR STAFF USE ONLY

Date:	Staff Mbr:	LM Time:	Notary	POA
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