

USCG D11 REQUEST FOR LEGAL ASSISTANCE

The Legal Assistance Office requests the information on this form to enable us to check for representational conflicts and to determine eligibility for assistance. If you have a landlord/tenant issue, please provide a copy of the lease agreement. By providing the information requested, NO attorney-client relationship is created between you and the Legal Assistance Office.

Eligibility: Active Duty, Dependent, Active Duty Retiree or Category 1 Reserve Retiree, and Reservist on Active Duty or scheduled for deployment.
****WE ARE UNABLE TO ASSIST WITH CIVILIAN OR MILITARY CRIMINAL MATTERS****

Name: (First, Middle, Last)	(Maiden, if applicable)	<input type="checkbox"/> Member	<input type="checkbox"/> Retired	Employee ID (EMPLID)
		<input type="checkbox"/> Dependent	<input type="checkbox"/> Reserve	
Spouse: (First, Middle, Last)	(Maiden, if applicable)	<input type="checkbox"/> Member	<input type="checkbox"/> Retired	Employee ID (EMPLID)
		<input type="checkbox"/> Dependent	<input type="checkbox"/> Reserve	

Current residence: (Street address, City, State, Zip code)	State of legal residence:
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Branch of Service/ Unit	Date of Request	Rate/Rank	Pay Grade	Separation/PCS Date
Primary Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	I am the only person with access to voicemail for these numbers:	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	I authorize attorneys and support personnel to leave a message for me at these numbers: <input type="checkbox"/> Primary <input type="checkbox"/> Alternate

CG Global email	Personal email	I am the only person with access to these email addresses:	<input type="checkbox"/> Coast Guard global email <input type="checkbox"/> Personal email
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Use of email over the Internet may not be secure and could be accessed by third parties. Yes
Do you consent to this office communicating with you via email? No

Sponsor Service	Sponsor Rate/Rank	Sponsor current duty station	Sponsor phone	Sponsor email
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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 may 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? Yes No
If you are already 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/or highlight all areas that apply)

If previously married please list Ex-spouse's name below

<input type="checkbox"/> Wills and Estate planning	<input type="checkbox"/> Landlord/Tenant relations	<input type="checkbox"/> Civil suits/small claims	<input type="checkbox"/> Name change	<input type="checkbox"/> Notary
<input type="checkbox"/> SCRA	<input type="checkbox"/> Consumer issues	<input type="checkbox"/> Taxes	<input type="checkbox"/> Decedent and Casualty Affairs	<input type="checkbox"/> Immigration and Citizenship
<input type="checkbox"/> Family Law (i.e. divorce, separation, support, custody)	<input type="checkbox"/> Real property	<input type="checkbox"/> USERRA	<input type="checkbox"/> Minor criminal activity (including traffic violations)	<input type="checkbox"/> Other **See page 2 for providing narrative

PROVIDE DETAILS BELOW REGARDING ANY ADVERSE OR RELATED PARTIES (i.e. expouse, Landlord, Tenant)

Name(s):	Relationship to you/your case:
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****DO NOT COMPLETE BELOW THIS SPACE****

FOR OFFICE STAFF ONLY	Date processed:
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Conflict Check completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conflicted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Assigned to:
Date Completed:	Referral to:	

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IN THE SPACE BELOW, PLEASE PROVIDE A WRITTEN NARRATIVE/SUMMARY OF THE ISSUES or QUESTIONS IN YOUR CASE. Please be as specific as you can with respect to dates, locations, and persons. Please also list names of all dependents not previously mentioned

****DO NOT COMPLETE BELOW THIS SPACE****

FOR OFFICE STAFF ONLY

Date processed:

Conflict Check completed: Yes No

Conflicted: Yes No

Date/Assigned to:

Date Completed:

Referral to: