

# USCG DISTRICT SOUTHWEST REQUEST FOR LEGAL ASSISTANCE

**When completed, please email form to [D11-SMB-D11-LegalAssistance@uscg.mil](mailto:D11-SMB-D11-LegalAssistance@uscg.mil)**

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 legal issue, you must provide a copy of all relevant documents / correspondence. Please note that returning this Request for Legal Assistance does not constitute representation, acceptance of your case, or establish an attorney-client relationship. An eligibility determination needs to be made first by our office. Given the volume of requests our office receives, we prioritize USCG members deploying and those subject to urgent deadlines. If this applies, please state this on the Request for Assistance form. You will be notified if our office is able to provide legal assistance.

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

**Eligibility: Active Duty, Dependent, Active-Duty Retiree or Category 1 Reserve Retiree, and Reservist on Active Duty or scheduled for deployment.**  
**If you need immediate legal assistance, you may wish to check another military legal office nearest you. Military Legal Office Locator:**  
<https://legalassistance.law.af>

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

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

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

<b>CG Global email</b>	<b>Personal email</b>	<b>I am the only person with access to these email addresses:</b>	<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.**

**Do you consent to this office communicating with you via email?**  Yes  No

I agree to provide only copies of any relevant documents and not originals. I understand all client materials and property may be destroyed when representation resolved by this office ends and that I am entitled to reasonable notice of their intended destruction. I waive notice of intended destruction and agree my client file may be destroyed when representation ends.	Acknowledged and agreed:
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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.***

**TYPE OF LEGAL ASSISTANCE REQUESTED** If previously married please list Ex-spouse's name:  
*(Please check and/or highlight all areas that apply)*

<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:

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

<b>Name(s):</b>	<b>Relationship to you/your case:</b>
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District SW Records Retention Disclosure: **You are requested to keep your original documents and provide copies to our office.** District SW Legal Assistance client records obtained will be retained for a time period no longer than three (03) years.

**DO NOT PROVIDE ANY CONFIDENTIAL OR PRIVILEGED INFORMATION TO US UNTIL INSTRUCTED TO DO SO BY AN ATTORNEY.** District SW Legal Assistance requests the information above to enable us to check for representational conflicts and to determine eligibility for services. By providing the information requested, no attorney-client relationship is created between you and us.

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**IN THE SPACE BELOW, PLEASE PROVIDE A WRITTEN NARRATIVE/SUMMARY OF THE ISSUES or QUESTIONS IN YOUR CASE. You MUST provide a copy of the documents relevant to your matter, e.g., lease, contract, invoice, bills, etc. Failure to provide these documents will delay consideration of your matter for legal assistance. Please be as specific as you can with respect to dates, locations, and persons. Please also list names of all dependents not previously mentioned for conflict checks to determine eligibility. If at any time you retain another attorney, please notify our office so we can close your request for legal assistance**

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

**FOR OFFICE STAFF ONLY**

Eligibility Status(AD, ADOS, Ret., Dep. ETC.):

Date processed:

Conflict Check completed:  Yes  No

Conflicted:  Yes  No

Date/Assigned to:

Review Date:

Date Completed:

Referral to: