

LSC4W (ALAMEDA) REQUEST FOR LEGAL ASSISTANCE

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

You:

Last name, First name, Middle name
Member or Dependent
CG Employee ID Number

Your current spouse (required if you are married):

Last name, First name, Middle name
Member or Dependent
CG Employee ID Number

Your former spouse (required if your are divorced):

Last name, First name, Middle name
Member or Dependent
CG Employee ID Number

Your current residence: _____ **Your domicile or "home state":** _____

Street address, City, State ZIP CODE

Your phone numbers:

Primary daytime (include area code)	Primary evening (include area code)	Alternate (include area code)	Fax (include area code)
I am the only person with access to voicemail for these phone numbers:		I authorize attorneys and support personnel to leave a message for me at these phone numbers:	
<input type="checkbox"/> Primary daytime	<input type="checkbox"/> Primary evening	<input type="checkbox"/> Primary daytime	<input type="checkbox"/> Primary evening
<input type="checkbox"/> Alternate		<input type="checkbox"/> Alternate	<input type="checkbox"/> Alternate

Your email addresses:

Coast Guard global email

Primary email
Alternate email

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

Sponsor's service: <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USPHS	Sponsor's grade: <input type="checkbox"/> E-__ <input type="checkbox"/> W-__ <input type="checkbox"/> O- Sponsor's rate/rank: _____	Sponsor's current status: <input type="checkbox"/> Active duty <input type="checkbox"/> Reservist <input type="checkbox"/> Retired	Sponsor's current or last duty station: _____ _____
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Type of legal assistance requested (check all that apply):

<input type="checkbox"/> Notary <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Estate planning (inc. will) <input type="checkbox"/> Advanced medical directive (aka "living will") <input type="checkbox"/> Landlord/tenant relations <input type="checkbox"/> Consumer issues <input type="checkbox"/> Military service protections (inc. SCRA & USERRA)	<input type="checkbox"/> Domestic relations (inc. marriage, separation, divorce, spousal support, adoption, child custody, child support, nonsupport, indebtedness) <input type="checkbox"/> Real property <input type="checkbox"/> Immigration and citizenship <input type="checkbox"/> Taxes	<input type="checkbox"/> Civil suits <input type="checkbox"/> Torts <input type="checkbox"/> Minor criminal matters (inc. traffic violations) <input type="checkbox"/> Civil rights matters <input type="checkbox"/> Casualty affairs <input type="checkbox"/> Probate	<input type="checkbox"/> Other (describe briefly): _____ _____ _____
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I have not already engaged any other attorney to represent me regarding these issues.

I have already engaged this attorney, whom you may contact, to represent me regarding these issues:

YOUR ATTORNEY'S: Last name, First name, Middle name or initial

Primary phone number (include area code)
Alternate phone number (include area code)

DO NOT PROVIDE ANY CONFIDENTIAL OR PRIVILEGED INFORMATION TO US UNTIL INSTRUCTED TO DO SO BY AN ATTORNEY.
 The Legal Service Command 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.
 Revised 07/30/2012

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Related and/or adverse parties (e.g. spouse, former spouse, landlord, another party to a contract):

Last name, First name, Middle name

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.

LSC Records Retention Disclosure:

LSC Legal Assistance client records obtained after January 1, 2011 will be retained for a time period no longer than three (03) years.

Your signature: _____ **Date:** _____

FOR STAFF USE ONLY

_____ **ID CARD SCREEN** _____ **CONFLICT CHECK** _____ **LM DATA ENTRD**

CONFLICTED: YES _____ **NO** _____ **DATE** _____

Briefly describe the legal matter: _____

Date Submitted _____

**LAW MANAGER RECORDS IN QUARTER HOUR INCREMENTS.
MARK ACCORDINGLY (ie 45 min=0.75 HR)**

1) DATE: _____ ATTORNEY/PARALEGAL: _____ MODE: _____ TYPE CASE: _____
____ NOTARY ____ POA LM TIME: _____

2) DATE: _____ ATTORNEY/PARALEGAL: _____ MODE: _____ TYPE CASE: _____
____ NOTARY ____ POA LM TIME: _____

3) DATE: _____ ATTORNEY/PARALEGAL: _____ MODE: _____ TYPE CASE: _____
____ NOTARY ____ POA LM TIME: _____

4) DATE: _____ ATTORNEY/PARALEGAL: _____ MODE: _____ TYPE CASE: _____
____ NOTARY ____ POA LM TIME: _____

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