

REQUEST FOR LEGAL ASSISTANCE

LawManager Matter #:

Date Submitted _____

You:

Last name, First name, Middle name or initial

Member or Dependent

Employee ID Number

Your spouse/former spouse (required if you are married or divorced):

Last name, First name, Middle name or initial

Member or Dependent

Employee ID Number

Your current residence:

Street address, City, State ZIP CODE

Your domicile or "home state":

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: Primary daytime Primary evening Alternate

I authorize attorneys and support personnel to leave a message for me at these phone numbers: Primary daytime Primary evening 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:

- USCG
- USA
- USAF
- USMC
- USN
- USPHS

Sponsor's grade:

- E-__
- W-__
- O-

Sponsor's rate/rank:

Sponsor's current status:

- Active duty
- Reservist
- Retired

Sponsor's current or last duty station:

Type of legal assistance requested (check all that apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Notary | <input type="checkbox"/> Domestic relations (inc. marriage, separation, divorce, spousal support, adoption, child custody, child support, nonsupport, indebtedness) | <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 (inc. will) | <input type="checkbox"/> Immigration and citizenship | <input type="checkbox"/> Minor criminal matters (inc. traffic violations) | _____ |
| <input type="checkbox"/> Advanced medical directive (aka "living will") | <input type="checkbox"/> Taxes | <input type="checkbox"/> Civil rights matters | _____ |
| <input type="checkbox"/> Landlord/tenant relations | | <input type="checkbox"/> Decedent and casualty affairs | _____ |
| <input type="checkbox"/> Consumer issues | | <input type="checkbox"/> Victim Support Person Program | _____ |
| <input type="checkbox"/> Military service protections (inc. SCRA & USERRA) | | | |
- 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:

Last name, First name, Middle name or initial

Primary phone number (include area code)

Alternate phone number (include area code)

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

Last name, First name, Middle name or initial

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

Briefly describe your situation: _____

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 11/4/2009