

LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE

FOURTEENTH COAST GUARD DISTRICT (Rev. 9/06)

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN PRINCIPAL PURPOSE(S): Information is to monitor the caseloads in legal assistance office. ROUTINE USE(S): Information provided is used to assign cases and monitor legal assistance attorneys and assigned clerical personnel.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of SSN if voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, 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, but failure to provide such information may limit D14 Legal's ability to provide assistance.

Attending a clinic, viewing a video or receiving services from a non-attorney at the Legal Assistance Office does not create an attorney-client relationship. In order to form an attorney-client relationship you must meet with an attorney. The attorney-client relationship will terminate when the attorney's involvement in the current transaction ends.

FOR OFFICE STAFF ONLY ID Card Screen: Conflict Check: Conflicted: Yes No

BRING ALL PERTINENT PAPERWORK TO THE APPOINTMENT

This includes all contracts, leases, previous wills or trust agreements, divorce or other marriage orders, agreements, judgments or decrees, all law suit pleadings, petitions, or other documents and all letters you have received or sent regarding your situation. If you do not have all documentation with you, your appointment may be rescheduled.

Provide information that is applicable to your situation. If it does not apply, insert "N/A". Please answer ALL questions.

Your Name (First, Middle, Last)		Last 4 SSN	
Contact Numbers	Work:	Home:	Fax: Email:
Home Address:		City	State Zip
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent <input type="checkbox"/> (enter sponsor's info below). Only active duty military, dependents and retirees are eligible for Legal Assistance	
Please Enter Military Information		Command/Employer:	
Rank/Rate:	Pay Grade:	Branch of Service:	Separation Date:
Your Spouse's Name:		Spouse's Maiden Name:	
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 here. It will be necessary to tell the opposing (or conflicted) party that this office represents you AND cannot represent them. Do you consent to this office disclosing that we represent you?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of e-mail over the Internet may not be secure and could be accessed by third parties. Do you consent to this office communicating with you via e-mail?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently represented by an attorney? If yes, the attorney's name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you seen a Legal Assistance Attorney before? If yes, the attorney's name:			Yes <input type="checkbox"/> No <input type="checkbox"/>

What issues will you be discussing during your appointment? Check all that apply.

- ADOPTION OR NAME CHANGE
- ADVANCE MEDICAL DIRECTIVE: Health Care POA/Living will
- CONSUMER ISSUE: Auto or other purchase or sale, auto/house repair, credit or collection problem, bankruptcy
- DOMESTIC RELATIONS: Support, custody; guardianship; divorce; annulment; paternity
- IMMIGRATION: Naturalization; citizenship; resident permit; visa; employment
- MILITARY RIGHTS & BENEFITS: Servicemembers' Civil Relief Act; Uniformed Services Employment and Reemployment Rights Act; Other
- NOTARY, Certified Copy
- POWER OF ATTORNEY
- REAL ESTATE OR LANDLORD TENANT: Purchase/Sale; lease; rental; security deposit; eviction
- TAX: Income, sales, intangible, property, ad valorem. If it is to prepare a return during the tax season, go to the VITA or ELF location
- WILLS OR ESTATE PLANNING: Wills, living wills, trusts, Medicaid, elder law, estate tax, probate
- Other issue (explain): _____

IF YOUR SITUATION INVOLVES A FAMILY LAW ISSUE OR OPPOSING PARTY, COMPLETE DETAILS BELOW			
Party's Name:		LAST 4 SSN (if known)	
Home or Contact Address:		City	State Zip
Contact Numbers	Work:	Home:	Fax:
Active Duty <input type="checkbox"/>	Reserve/Guard <input type="checkbox"/>	Retiree <input type="checkbox"/>	Dependent <input type="checkbox"/> Other (explain)
Rank/Rate:	Pay Grade:	Branch of Service:	Command

Your Signature: _____

Date: _____