**USCG D17 LEGAL ASSISTANCE CLIENT INTAKE QUESTIONNAIRE**

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| DO NOT PROVIDE ANY DOCUMENTS OR PAPERWORK TO US UNTIL REQUESTED  The Legal Assistance Office requests the information on this form to enable us to check for representational conflicts and to determine eligibility for assistance. Your simply providing the information does not create an attorney-client relationship between you and the legal assistance office.  \*\*WE ARE UNABLE TO ASSIST WITH CIVILIAN OR MILITARY CRIMINAL MATTERS\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Card must be provided  Eligibility: Active Duty, Dependent, Active Duty Retiree or Category 1 Reserve Retiree, and Reservist on Active Duty or scheduled for deployment | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE STAFF ONLY: Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID Card Screen: Yes No Conflicted: Yes No Conflict Check: Law Manager Number: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name:    First, Middle, Last Maiden Name (if applicable) | | | | | | | | | | | | | Member  Retired  Dependent  Reserve | | | | | | | | | Employee ID Number (EMPLID): if applicable | | | |
| Spouse:    First, Middle, Last Maiden Name (if applicable) | | | | | | | | | | | | | Member  Retired  Dependent  Reserve | | | | | | | | | Employee ID Number (EMPLID): if applicable | | | |
| Current residence:    Street address | | | | | | City | | | | State | | | | | | Zip code | | | | | | State of legal residence | | | |
| Branch of Service | | Unit Employer | | | | | | Rate/Rank Pay Grade | | | | | | | | | | | | Separation/PCS Date | | | | | |
| Phone Number    Primary (include area code) | | Phone Number    Alternate (include area code) | | | | | | Email Address    CG Global email | | | | | | | | | | | | Email Address    Personal email | | | | | |
| **I am the only person**  **with access to voicemail**  **for these phone numbers:** | | Primary  Alternate | | | | | | **I authorize attorneys and support personnel to leave a message for me at these phone numbers:** | | | | | | | | | | | | Primary  Alternate | | | | | |
| I am the only person with access to these email addresses:  Coast Guard global email   Personal email | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |
| Sponsor Service | **Sponsor Rate/Rank** | | | | Sponsor Current Duty Station | | | | | | | | | **Sponsor Phone Number** | | | | | | | **Sponsor Email Address** | | | | |
| **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 will 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?  ***If you are 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 circle or highlight all areas that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estate planning (including wills and advanced medical directives, a/k/a living wills)  Military service protections (including SCRA and USERRA)  Domestic relations (including marriage, dissolution, spousal support, child custody, support, and visitation, and nonsupport) | | | Landlord-tenant relations (including security deposit disputes and lease reviews)  Consumer affairs (including bankruptcy)  Real property (buying/selling and drafting of leases)  Immigration and citizenship | | | | | | | | Civil suits/small claims  Taxes  Civil rights matters (complaints of discrimination in the civilian community)  Step-parent adoption/name change | | | | | | | | | | | | Minor criminal activity (including traffic violations)  Decedent and Casualty Affairs  Torts  Other (describe briefly):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PROVIDE COMPLETE DETAILS BELOW REGARDING ANY ADVERSE OR RELATED PARTIES** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | | | | | **SSN or EMPLID (if known)** | | | | | | | |
| **Home or Contact Address:** | | | | | | | | | | | | **City:** | | | | | | | **State:** | | | | | | **Zip:** |
| **Contact Numbers: Work:** | | | | **Home:** | | | | | | | | | | | **Relationship to you/your case:** | | | | | | | | | | |
| **Active Duty  Reserve/Guard  Retiree  Dependent  Other (explain)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rank/Rate:** | **Pay Grade:** | | | | | | **Branch of Service:** | | | | | | | | | | **Duty station:** | | | | | | | | |
| **Signature/Digital Signature:** | | | | | | | | | **Date:** | | | | | | | | | | | | | | | | | |

(Rev 11/2016)