

TRACEN Petaluma 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 _____ Date of Birth _____

Your current spouse (required if you are married):

Last name, First name, Middle name _____ Member or Dependent _____ CG Employee ID Number _____ Date of Birth _____

Your former spouse (required if you 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: 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

<p>Sponsor's service:</p> <input type="checkbox"/> USCG <input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USPHS	<p>Sponsor's grade:</p> <input type="checkbox"/> E-____ <input type="checkbox"/> W-____ <input type="checkbox"/> O-____	<p>Sponsor's current status:</p> <input type="checkbox"/> Active duty <input type="checkbox"/> Reservist <input type="checkbox"/> Retired	<p>Sponsor's current or last duty station:</p> <p>_____</p> <p>_____</p>
<p>Sponsor's rate/rank:</p> <p>_____</p>			

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"/> I have not already engaged any other attorney to represent me regarding these issues.	<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"/> I have already engaged this attorney, whom you may contact, to represent me regarding these issues:	<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): <p>_____</p> <p>_____</p> <p>_____</p>
--	---	---	--

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 11/14/2016

TRACEN Petaluma REQUEST FOR LEGAL ASSISTANCE

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

Related Parties (Ex: Spouse, Roommate)

_____	_____
Last name, First name, Middle name	Last name, First name, Middle name
_____	_____
Last name, First name, Middle name	Last name, First name, Middle name

Adverse Parties (Ex: Landlord, Spouse)

_____	_____
Last name, First name, Middle name	Last name, First name, Middle name
_____	_____
Last name, First name, Middle name	Last name, First name, Middle name

TCP STUDENTS

[This section is mandatory for A&C school students](#)

Class Advisors:

Class Number (e.g. CS 018):

Graduation Date:

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.

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 11/14/2016

PLEASE BRIEFLY DESCRIBE YOUR SITUATION

Your signature: _____

Date: _____

FOR STAFF USE ONLY

_____ ID CARD SCREEN _____ CONFLICT CHECK _____ LM DATA ENTRD

CONFLICTED: YES _____ NO _____ DATE _____

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

_____ NOTARY _____ POA LM TIME: _____

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 11/14/2016