

## LEGAL ASSISTANCE CLIENT INTAKE

**AUTHORITY:** COMDTINST 5801.4(series)

**PRINCIPLE PURPOSE:** To collect information for providing legal assistance services to service personnel and their dependents as requested.

**USED:** The information you provide will be used by the personnel of this legal office to assign as attorney to you, to provide legal assistance services, to monitor progress achieved toward the provided services and to provide periodic workload productivity and statistical reports. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.

**DISCLOSURE:** Individuals seeking legal assistance are required to provide personal information. The information you are required to provide is solicited on a voluntary basis; however, failure to provide the required information could result in this office being unable to provide the desired legal assistance services.

### 1. CLIENT'S INFORMATION

a. Full Name (Last, First, Middle):		b. Rank/Rate:	c. Permanent Unit:	d. EMPLID:
e. Status (Active/Retired/Dependent):	f. If dependent, please list Sponsor's Full Name (Last, First, Middle):		g. Relationship to Sponsor:	
h. Branch of Service:	i. Current Residing Address:		j. Telephone Number:	

### 2. REASON FOR VISIT

a. Please provide a brief description of the reason for your visit:

### 3. OTHER PARTIES INVOLVED

a. Name of party/parties:
b. Relationship of party/parties to client:
c. Party/Parties Address/Phone Number:

### 4. SIGNATURE

a. Client's Signature:	c. Date (DDMMYYYY):
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### 5. LEGAL ASSISTANCE OFFICE USE ONLY

a. Date of Appointment (DDMMYYYY):	b. Type of Appointment:
c. Date/Time Entered into Law Manager:	d. Law Manager Matter #:

e. Attorney's Notes: