

Legal Assistance Application

Maritime Law Enforcement Academy

2000 Bainbridge Avenue

N. Charleston, SC 29405

Tel. No.: (843) 746-7938

Member: _____

Dependent: _____

Member Information

Last Name: _____ First Name: _____ MI: _____

PayGrade _____ Service _____ Status: AD, Reserve or Retired _____

EMPLID: _____

Unit: _____

Unit Phone: _____ Home Phone: _____

Home address: _____

Dependent Information

Last Name: _____ First Name: _____ MI: _____

Daytime Phone: _____ Home Phone: _____

Type of Assistance

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Domestic/Family Law | <input type="checkbox"/> Soldiers & Sailors Civil Relief Act |
| <input type="checkbox"/> Will/Living Will/Medical Directive | <input type="checkbox"/> Adoptions |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Taxation | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Torts |
| <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Others/Misc. |

Details regarding the nature of the request: _____

