

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 Miramar Joint Law Center ability to provide assistance.

Receiving a Divorce Package, 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 CLERK _____ DATE: _____ CONFLICTED: YES NO
 STAFF ONLY _____ TIME: _____

LEGAL ASSISTANCE OFFICE CLIENT INTAKE SHEET

BRING ALL PERTINENT PAPERWORK TO THE APPOINTMENT/WALK-IN

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.

All questions must be answered for our data entry. If we do not have all this information you will not be seen by an attorney.

Are you: Active Duty Reservist Retiree Dependent DOD Civilians (Overseas Only)

Please fill out only if you're Active Duty: Command/Employer: _____

Rank/Rate: Pay Grade: Branch of Service: EAS: _____

Your Name (First, Middle, Last): _____

Contact Numbers Work: _____ Home: _____ Fax: _____ E-Mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Male Female Dt of Birth: _____

DoD requests the following statistical information as to the ethnic background of the people we serve. Please check the applicable box.

African -Amer Asian-Amer Caucasian Filipino Hispanic Native American Unknown Other: _____

Your Spouse's Name: _____ **Spouse's Maiden Name:** _____

Former Spouse (s) if any: _____ **Former Spouse (s) Maiden Name:** _____

CONSENT TO DISCLOSE CONFLICT: <i>If an opposing party is entitled to Legal Assistance and comes into one of the Miramar Joint Law Center office, we cannot represent that person if you have formed an attorney-client relationship here. It will then be necessary to tell the opposing party or any conflicted party that this office represents you AND cannot represent them. Do you consent to this office disclosing that we represent you?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently represented by an attorney? If yes, the attorney's name here:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received services from this Legal Assistance Office before? If yes explain here:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you seen a Legal Assistance Attorney here before? If yes, the attorney's name here:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please check the boxes that apply to your situation and give a brief description below:

- ADOPTION OR NAME CHANGE
- CONSUMER ISSUE: personal contracts, debtor-creditor matters, bankruptcy, automobile repairs, credit or collection problems
- DOMESTIC RELATIONS: divorce, separation, marital advice, and paternity matters
- CHILD CUSTODY: only includes those custody issues that are not included in an ongoing divorce/separation issue
- NON-SUPPORT: only includes those non-support issues resulting from a complaint of non-support under Chapter 15
- IMMIGRATION: Naturalization; citizenship; resident permits; visas; employment eligibility
- MILITARY RIGHTS & BENEFITS: Soldier & Sailors Civil Relief Act; Uniformed Services Employment and Reemployment Rights Act; Other
- REAL ESTATE OR LANDLORD TENANT: Purchase/Sale; lease; rental; security deposit; eviction
- TAX: Income, sales, intangible, property, tax residency disputes, and valorem. Preparation of tax returns outside of the VITA or ELF program
- WILLS OR ESTATE PLANNING: Wills, living wills, trusts, Medicaid, elder law, estate tax, probate, SGLI
- OTHER ISSUE: (explain)

DESCRIBE IN DETAIL THE SITUATION FOR WHICH YOU ARE REQUESTING LEGAL ASSISTANCE:

IF THERE IS AN OPPOSING OR ADVERSE PARTY IN YOUR SITUATION PROVIDE COMPLETE DETAILS BELOW

Party's Name or Company: _____
 Active Duty Inactive Reserve/Guard Retiree Dependant Other (Explain) _____
 Rank/Rate: _____ Pay Grade: _____ Branch of Service: _____ Command: _____

Your Signature _____ **Date:** _____