



Netherlands Law Center Legal Assistance Office



DATA REQUIRED BY THE PRIVACY ACT OF 1974 (Title 10 U.S.C. § 3013)

Principal purpose Assist attorney's preparation of legal documents, and Legal Assistance statistical reports. The information is protected by the attorney-client privilege and may only be released by law or client's permission.

Routine Uses Client interactions, prepare legal documents, correspondence, and tailor specific legal advice.

Client Intake Sheet

| | | | | | |
|--|-----------------------|---|--|--|--|
| 1. Name (Last, First, MI): | | 3. Today's Dates: | | 5. Client Category: <input type="checkbox"/> SM <input type="checkbox"/> Dep <input type="checkbox"/> Ret <input type="checkbox"/> RetDep <input type="checkbox"/> Civ <input type="checkbox"/> CivDep <input type="checkbox"/> Ctr <input type="checkbox"/> Other | |
| 2. DOD ID Number: | | 4. Have you visited our office before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. Rank/Grade: | 7. Branch of Service: | 8. U.S. State of Residence: | 9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Response | 10. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | |
| 11. Spouse's Name (Last, First, MI): | | 12. Spouse DoD ID Number (If Known): | | 13. Is spouse the client's sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Client's Local Mailing Address (Optional): | | | | | |
| 15. Client's Preferred E-mail Address: | | | 16. Client's Preferred Phone Number: | | |
| 17. Have you seen an attorney in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Attorney's Name: _____ | | | | | |
| 18. What option(s) below most relates to your legal issue(s): <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Notary <input type="checkbox"/> Estate Planning (Wills, Medical Directives, Guardianship) <input type="checkbox"/> Adverse Administrative Action <input type="checkbox"/> Debt (Bankruptcy, Debt Collection, etc.) <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Other Consumer Matters (Vehicle Contracts, Contract Review, etc.) <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Child and Family Financial Support <input type="checkbox"/> Employment <input type="checkbox"/> Other: _____ | | | | | |
| 19. Please provide a brief description of your legal issue(s) in the space below: | | | | | |
| 20. Name(s) of other parties involved (Last, First, MI) or interested companies and institutions: | | | | | |
| 21. Any other information you may find relevant or important: | | | | | |