

# HOW TO REQUEST AN APPOINTMENT

- Fill out the below Case Information Sheet. Give as much information as possible and do not skip any fields.
- Read the below request and acknowledgment forms on remote legal consultations and confidentiality. Print your name and sign (digital signatures are fine) if you understand and agree.
- Take a photo of your Military ID card. (See AR 600-8-14 and AFI 36-3026\_IPV1, paragraph 1.8.1.1., dated 4 August 2017. “You may photocopy your ID card to facilitate or receive DoD benefits.”)
- Send the above-mentioned documents and anything else you would like an attorney to review to us:
  - Option 1: You can send the documents directly to us at: [usarmy.schofield.usarpac.mbx.legal-assistance@army.mil](mailto:usarmy.schofield.usarpac.mbx.legal-assistance@army.mil). You should encrypt the email before sending it.
  - Option 2: You can send the documents through DoD SAFE at <https://safe.apps.mil>. Use the password "hawaiiillegal" when prompted to do so. This allows us to access the documents.
- Please note that submitting these documents does not guarantee an appointment. We will contact you with an appointment or refer you to another office, if necessary.

OFFICE USE ONLY

Appointment Time \_\_\_\_\_

Conflict: Y N \_\_\_\_\_

Circle if NOT Army:

Appointment Date \_\_\_\_\_

Attorney \_\_\_\_\_

N AF M CG

DATA REQUIRED BY THE PRIVACY ACT OF 1974

|                          |   |
|--------------------------|---|
| <b>AUTHORITY</b>         | Title 10, USC, Section 1044   |
| <b>PRINCIPAL PURPOSE</b> | The purpose of this form is to assist the attorney in preparing legal documents for the client and to prepare statistical reports on legal assistance services provided during the year. 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. |
| <b>ROUTINE USES</b>      | Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.   |
| <b>DISCLOSURE</b>        | Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.  |
| <b>CITATION</b>          | SORN# A0027-3 DAJA.   |

CASE INFORMATION SHEET

- Active Duty (Rank: \_\_\_\_\_)     
 Reserve/National Guard (Rank: \_\_\_\_\_)  
 Retired     
 DoD Civilian     
 Dependent

Client Name, including any previous names used (First, Middle, Last): \_\_\_\_\_

Circle One: Male Female      Circle One: Single Married Divorced

DOD ID #: \_\_\_\_\_      Expiration Date (MM/DD/YYYY): \_\_\_\_\_

Local mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_      Circle One: Cell Work Home

Email address: \_\_\_\_\_      Unit of Client/Spouse: \_\_\_\_\_

Spouse's Name, including any previous names used (First, Middle, Last): \_\_\_\_\_

Subject Matter (Landlord/Tenant, Finance, Divorce, Adoption, Lawsuit, Car Issues, GOMOR, FLIPL, OER/NCOER, etc.)

Do you have a pending court case? Y N      Do you have a civilian attorney? Y N

In which State is your current issue in? \_\_\_\_\_

Provide an overview of what has happened in the case so far and its current status:

\_\_\_\_\_  
\_\_\_\_\_

Names and address of all parties involved/contacted:

\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC questions pertaining to your situation that you have for the attorney:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Do not write below this line)*

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| DATE | ATTORNEY | MODE | CASE<br>TYPE | TYPE OF<br>SERVICES | REMARKS |
|------|----------|------|--------------|---------------------|---------|
|      |          |      |              |                     |         |
|      |          |      |              |                     |         |
|      |          |      |              |                     |         |



DEPARTMENT OF THE ARMY  
HEADQUARTERS 25TH INFANTRY DIVISION AND US ARMY HAWAII  
CONSOLIDATED LEGAL CENTER  
278 ALESHIRE AVENUE BUILDING 2037  
SCHOFIELD BARRACKS HAWAII 96857

APVG-JA

28 MARCH 2022

MEMORANDUM FOR RECORD

SUBJECT: Request for Remote Legal Consultation and Confidentiality

1. You have asked this Office to advise you, \_\_\_\_\_, on a legal assistance matter. Although an in-person appointment is preferable, phone consultations are available if you are unable to travel to Schofield Barracks or have COVID19 concerns.
2. Due to the nature of phone consultations under these circumstances full client confidentiality cannot be guaranteed. Third parties on the client end of the phone may cause client confidentiality to be lost. Therefore, you are advised to conduct this conversation in private where no one else may hear the conversation.
3. Please know that if you are submitting documents containing sensitive information such as personally identifiable information (PII), financial records, or medical records from an unencrypted email address, confidentiality cannot be guaranteed. The Army's email system may reject unencrypted emails sent with PII and other sensitive information. Therefore, all such documents should be sent via DoD SAFE: <https://safe.apps.mil>.
4. This process will take more time to implement and for services to be provided. To protect all parties involved we appreciate your patience throughout this process.
5. The point of contact for this memorandum is the undersigned at 808-655-8607 or [levi.k.hookano.civ@army.mil](mailto:levi.k.hookano.civ@army.mil).

LEVI K. HOOKANO  
Chief, Client Services

APVG-JA

SUBJECT: Request for Remote Legal Consultation and Confidentiality

I have read this memorandum and understand that there is a potential for attorney/client confidentiality to be compromised during phone consultations. I also understand that sensitive information and documents should not be transmitted through third party applications and that I should utilize the DoD's SAFE program to the maximum extent possible to transmit the necessary documents. If I transmit documents or emails without the necessary encryption or safeguards there is a possibility that confidentiality may be compromised through no fault of the Government. I also understand that I may revoke this consent at any time, however, doing so may prevent me from further representation in this matter by this office.

\_\_\_\_\_ (Sign)

\_\_\_\_\_ (Print)

\_\_\_\_\_ (Date)