

## **Represented Party for Client Appointments**

If you have hired an attorney by the time you come in for your appointment with the Legal Assistance attorney, you must bring a written consent letter from the private attorney that gives the Legal Assistance attorney permission to speak with you about your case. The consent letter must include the attorney's name, phone number, e-mail and mailing address. The consent letter must also describe what subjects the Legal Assistance attorney is permitted to discuss with you.

**NOTE: If you do not bring the consent letter with you to the Legal Assistance appointment, the Legal Assistance Attorney will not meet with you. No exceptions!**

## **Missed Appointment or Cancellations**

If you need to cancel your appointment please give a 24 hour notice either by phone call or email (doing both preferably). We understand emergency's happen so please notify our office as soon as possible.

Per local standard operating procedure and Army Regulation 27-3, para. 2-5, if you miss two or more appointments without prior notification or good cause you may be denied future service at this Legal Assistance Office. Prior to this happening you will be notified in writing.

# SCHOFIELD BARRACKS, HAWAII OFFICE OF LEGAL ASSISTANCE CLIENT CARD

## OFFICE USE ONLY

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

Conflict: Y N

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

Attorney: \_\_\_\_\_

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** Title 10, USC, Section 1044; Army Regulation 27-3.**Routine Uses Acknowledgment:** 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.**Purpose:** 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.**Disclaimer:** I understand that submitting this appointment request does not constitute the formation of an attorney-client relationship. The information provided is to determine my eligibility for service. The information contained will be maintained in confidence as required by the Rules of Professional Conduct. **Initials:** \_\_\_\_\_; **Date:** \_\_\_\_\_**Disclosure:** Voluntary. However, nondisclosure may preclude the legal assistance desired by the client. SORN# A0027-3 DAJA.

1. Your Name (First, Middle, Last)			2. Client Category (Service Member, Family Member, Retired, RetiredFM, Civ, Civ FM)		3. Client Rank and Service (E-6, O-3, Army, Navy, Air Force, Marines, etc.)	
4. M/F	5. Your DODID	6. ID Card Expiration Date	7. Your Address			
8. Your Email Address:		9. Cell Phone		10. Home Station/Unit		
11. Marital Status (Mar, Sep, Div, Widow, Single)		12. Spouse's Name (First, Middle, Last)		13. Spouse's DODID		14. Spouse Rank and Service (Civ, E-6, O-3, USA, USN, USAF, USMC, etc.)
Subject Matter						
Do you have a pending court case? Y N				Do you have a civilian attorney? Y N		
Adverse Party						
Provide an overview of what has happened in the case so far and its current status:						
SPECIFIC questions pertaining to your situation that you have for the attorney:						

**OFFICE USE ONLY**[illegible]