Date sent to TDS (YYYYMMDD):

TRIAL DEFENSE SERVICE

HAWAII FIELD OFFICE, CLIENT CARD Information placed on this card is legally privileged and cannot be ordered to be disclosed. Likewise, anything said in this office to either an attorney or enlisted Soldier working in this office is covered under the attorney/client privilege and cannot be repeated to anyone. RANK: **EMAIL ADDRESS:** NAME: (Last, First MI) GENDER DoD ID#: **DUTY PHONE: CELL PHONE:** LOCATION/COUNTRY: HAVE YOU RECEIVED A COPY OF PACKET: No ARE YOU A U.S. UNIT (Company, Battalion, Brigade): UNIT COMMANDER: (CO) UNIT COMMANDER: (BN) CITIZEN: Yes No 1. Filed unrestricted report of sexual assault within 24 months? Yes No Yes No 2. Do you want us to communicate with your command team about your case? Yes No 3. Is anyone else involved in this matter? This includes family, friends, members of your unit, etc. Name(s): 4. Have you ever spoken with an attorney before? Yes No Name(s): 5. Have you ever received an Article 15 or been tried by Court-Yes No Martial? Date(s): 6. Total Time In Service? (i.e. Active, Reserve, and National Guard) Years: Months: ETS: SUSPECT RIGHTS ADVISEMENT (SRA) **Facts/Notes:** (who, what, when, where, why, how) Type of investigation? (CID, MPI, 15-6, etc.) No Has client already made a statement? (If yes) Who did client make a statement to? ARTICLE 15 UCMJ Article(s): Type of Article 15: No Does client want to turn down? Yes ADMIN SEP / OFFICER ELIM **Board Eligible** Command recommends characterization of: Chapter Type: Separation Authority: COURT-MARTIAL Type of Court Martial: Charges: Have you checked client tracker for potential **conflicts**? Has Soldier watched the video and/or been briefed? Attorney Assigned: