

# FORT HOOD LEGAL ASSISTANCE OFFICE

## Intake Form

**Purpose:** The purpose of this questionnaire is for the Fort Hood Legal Assistance office to gather information about you, *the prospective client*, and the reason you are wanting help.

**Instructions:**

- (1) Fully complete this Intake Form. Answer every field or write "U/K" or "Unknown" if the answer is unknown. *Your answers are confidential.*
- (2) SAVE the completed form to your computer. Use the following naming convention: *YOUR LAST NAME – Intake Form.*
- (3) Email the SAVED Form along with images of the FRONT and BACK of your military ID card to [usarmy.hood.iii-corps.mbx.sja-legal-asst@army.mil](mailto:usarmy.hood.iii-corps.mbx.sja-legal-asst@army.mil).

**Limitations:** Completing this questionnaire DOES NOT establish an attorney/client relationship. Some matters are outside the scope of services provided by our office. The Fort Hood Legal Assistance Office reserves the right to limit or deny assistance IAW AR 27-3. Legal services are subject to confirmation of eligibility.

*\*For your Tenant/Unit see our list of patches.*

**Thank you and we look forward to working with you.**

\*\*\*\*\*

**Your FULL Name:** \_\_\_\_\_ **Prior Names:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Apt#** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SSN (last4 only):** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Military Status:** \_\_\_\_\_ **DoD ID#:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **\*Unit/Tenant** \_\_\_\_\_ **Bde/Div:** \_\_\_\_\_ **Paygrade or Rank:** \_\_\_\_\_

**Do you have an attorney?:** \_\_\_\_\_ **Attorney Name:** \_\_\_\_\_

**Your SPOUSE'S FULL Name:** \_\_\_\_\_ **Prior Names:** \_\_\_\_\_

\_\_\_\_\_ Check here if the *Current Address* is the same as above.

**Current Address:** \_\_\_\_\_ **Apt#** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SSN (last4 only):** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Military Status:** \_\_\_\_\_ **DoD ID#:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **\*Unit/Tenant** \_\_\_\_\_ **Bde/Div:** \_\_\_\_\_ **Paygrade or Rank:** \_\_\_\_\_

**Do they have an attorney?:** \_\_\_\_\_ **Attorney Name:** \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Documents and information contained herein are subject to the Privacy Act of 1974 and AR 27-26. Contents shall not be disclosed, discussed, or shared with individuals without the customer's consent. Deliver this document directly to the intended recipient. Do not deliver to a 3<sup>rd</sup> party.

**Info About Who is Involved in Your Legal Issue** (*Examples, your spouse, your child's other parent, grandparent, or family member, landlords, significant other, roommate, debt collector, other people held liable in a FLIPL*):

\_\_\_\_\_ Check here if the other party involved is your **current spouse**.

**Name/Business:** \_\_\_\_\_ **Military Status:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Do they have an attorney?:** \_\_\_\_\_ **Attorney Name:** \_\_\_\_\_

**Name/Business:** \_\_\_\_\_ **Military Status:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Do they have an attorney?:** \_\_\_\_\_ **Attorney Name:** \_\_\_\_\_

***Select Your Legal Issue(s):***

**Issue:** \_\_\_\_\_ **Issue:** \_\_\_\_\_

**Issue:** \_\_\_\_\_ **Issue:** \_\_\_\_\_

***\*If you are seeking help with divorce from your current spouse, please answer the following additional questions.***

**Date of Marriage:** \_\_\_\_\_ **Have you lived at your current address for the last 6 months?** \_\_\_\_\_

**Do you and your spouse agree to the divorce terms?** \_\_\_\_\_

**Is there a military or civilian protective order in effect?** \_\_\_\_\_

**Have there been any allegations of domestic violence by either person?** \_\_\_\_\_

**Do you or your spouse own or are you buying a house, farm, land, or business?**

**Do you or your spouse have a pending bankruptcy?**

**Are you or your spouse pregnant?**

**What are the names and dates of birth for all children born or adopted by you or your spouse?**

***(Including stepchildren, children born from artificial reproduction, and children born during the marriage that are not biologically related to one of the spouses.)***

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Is there a pending or prior court case?** \_\_\_\_\_ **If so, where?** \_\_\_\_\_  
(county) (state)

***Information About Your Legal Matter (If you selected "Other" for any legal issue please explain the issue):***

Unsure which Fort Hood Unit or Tenant to choose?

Never fear ... there is a patch for that!

## Fort Hood Units & Tenants

			
III ARMORED CORPS	1st CAVALRY DIVISION	1st ARMY DIVISION WEST	3d CAVALRY REGIMENT
			
US ARMY GARRISON FORT CAVAZOS	13th SUSTAINMENT COMMAND	1st MEDICAL BRIGADE	11th CORPS SIGNAL BRIGADE
			
36th ENGINEER BRIGADE	89th MILITARY POLICE BRIGADE	504th MILITARY INTELLIGENCE BRIGADE	3rd SECURITY FORCE ASSISTANCE BRIGADE
			
48th CHEMICAL BRIGADE	69th AIR DEFENSE ARTILLERY BRIGADE	U.S. ARMY OPERATIONAL TEST COMMAND	CARL R DARNALL ARMY MEDICAL CENTER