

FORT IRWIN LEGAL ASSISTANCE DIVISION
CLIENT QUESTIONNAIRE rev. 6/22/2017

App't Date:

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3012

PRINCIPAL PURPOSES: To screen clients for eligibility for legal assistance services; to gather personal information in order to determine if conflicts of interests exist.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY, but failure to supply this information may preclude the provision of legal services. Completing this form, in and of itself, does not establish an attorney / client relationship.

(1) YOUR FULL NAME: _____
LAST FIRST MIDDLE

DOD ID: _____ Other names used/maiden name _____

(2) CLIENT CATEGORY: SVC MBR FAM MBR WOUNDED WARRIOR WW FAM MBR KIA ASSISTANCE
 RET SM/FM DOD CIV/FM OTHER

(3) Client/Sponsor's Rank: _____ Military Unit: _____ Active Duty National Guard Reserve

(4) Home Ph: _____ Work Ph _____ Cell Ph _____

(5) Email _____ Secondary Email _____

(6) Address: _____ City _____ State _____ Zip _____

(7) YOUR SPOUSE'S FULL NAME: _____
FIRST MIDDLE LAST

Spouse Maiden Name _____

(8) Address: _____ City _____ State _____ Zip _____

(9) Are you planning to move, PCS, or ETS within the next 12 months (YES NO)? When _____ Where _____

(10) Describe your legal issue:

(11) Have you seen an attorney in our office? YES NO Name of Attorney _____

(12) Are you currently pending any charges with Magistrate Court? YES NO

(13) There are at least two sides in every case, who is on the other side of yours _____ If one of our existing clients is adverse to you, we may have to obtain their consent before accepting your case. Before obtaining their consent we will have to disclose to them your identity and the nature of your case. Do you authorize us to do this? YES NO

(14) Have you retained a civilian attorney to represent you in this case? YES NO

(15) Is there anything urgent or time sensitive related to your case? Has a court given you a deadline to complete anything or told you to be anywhere on a certain date or time?

(16) Have you filed or will be filing a claim with the Fort Irwin Claims Division ? (YES NO) If, Yes when? _____

To Be Completed by Legal Assistance Personnel

Legal Assistant / Paralegal

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Is this a Legal Assistance Issue? YES NO
Referred to: TDS AD LAW S1 Finance
 Other: _____
 YES NO Does it qualify as an Emergency?
Military/Dependent ID Card Expiration: _____
Eligibility determined IAW AR 27-3? YES NO
Mobilization Orders Attached? YES NO N/A
Conflict of Interest YES NO
 Current Client Former Client
Conflict's Name: _____
Conflict's Attorney: _____
Case Type(s): _____

Client Data Entered into CIS? YES NO N/A
Adverse Parties Entered into CIS? YES NO N/A
Employee: _____ Date: _____

Chief

②

Is the Conflict Imputed to the Office? YES NO N/A
Existing Client's Consent Required? YES NO N/A
 Granted in Full Limited Withheld
Potential Client's Consent/Acknowledgement Obtained?
 YES NO
Attorney Assigned: _____
Other Action to be Taken: _____

Consent Forms Attached? YES NO
Annotations made in CIS? YES NO
Chief: _____ Date: _____