## FORT IRWIN LEGAL ASSISTANCE DIVISION CLIENT QUESTIONNAIRE rev. 08/10/2022

## **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 interest 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.

(OFFICE USE ONLY) APPOINTMENT	DATE:			
(1) NAME:	FIRST	MIDDLE		
DOD ID: ID Exp:	Other ı	names used / Maiden	name:	
(2) I AM A: ( ) SE	MILY MEMBER OF RE	TIRED SRVC MEMB	ER () KIA ASSISTANCE	Ē
(3) Rank: Military Unit:	Branch:	(	) RA ( ) AGR ( ) NG ( )	) USAR
(4) Phone: Wo	rk Phone:	<del></del>		
(5) Preferred Email:	<del></del>	Secondary Email: _		<del></del>
(6) Address:	City/State: _		_ Zip Code:	
(7) Spouse Name:FIRST	MIDDLE	LAST	Military: ( ) YES	( ) NO
Spouse Maiden Name:				
(8) Address:	City/State: _		Zip Code:	
(9) Are you planning to move, PCS, or	ETS within the next 12	months? ( ) YES	( ) NO	
If Yes, where?	_			
(10) Describe your legal issue(s) and v	vho the opposing party is	S:		
(11) Has a court given you a deadline a certain date or time?	to complete anything or	directed that you be a	anywhere on ()YES	( ) NO
(12) Is there anything urgent or time s	ensitive related to your l	egal issue(s)?		
(13) Have you retained a civilian attorr	ey relating to the legal is	ssue(s) to be discuss	ed today? ()YES	( ) NO
(14) If an existing client is adverse to yo consent, we will have to disclose to the				
(15) Have you previously met with a m Name of Attorney:	ilitary attorney in this off	ice, relating to the leg	gal issue(s) to be discussed ( ) YES	today?