FORT JACKSON LEGAL ASSISTANCE OFFICE
CLIENT INTAKE FORM

The information you provide on this form is confidential and will be used for administrative purposes only. It will not be shared with anyone unrelated to the OSJA Legal Assistance Office. This intake form should be completed by active-duty Servicemembers and their dependents located at Fort Jackson only, including National Guard/Reservists on Title 10 active-duty orders and Active Guard Reserve (AGR) personnel. Please provide a copy of your orders when returning this form.

Client Name (Last, First, MI):
Client DOD ID Number: **ID Card Expiration Date** (dd/mmm/yy):

Male ☐ **Female** ☐ **Military Grade of Client/Sponsor** E1

Duty Status: ◉ Army Active Duty ○ Army Reserve ○ National Guard ○ Dependent Spouse ○ Dependent
○ Retired SM ○ Retired FM ○ Civilian ○ Civilian FM ○ Other Status

Please enter YOUR information
Other Status:

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Spouse's Full Name

Current Unit/Location:_____ **PCS/ETS /Redeploy:** _____/____/_____

Mailing Address: _____

Work Phone: _____ **Home/Cell Phone:** _____
DOB: _____/___/_____ **Age:**_____ **E-Mail:** _____
Special Status*: ☐ WW ☐ WWFM ☐ KIA

Case Information

Please provide a brief description of the legal issue you are seeking assistance with.

Are you currently represented by an attorney for this legal issue (i.e., have you hired an attorney related to this matter?

Yes ☐ No ☐

Legal Assistance Attorneys cannot provide representation. For example, they cannot appear in court, prepare paperwork, or file documents on behalf of Servicemembers or dependent family members for divorce, child custody, child support, or probate cases. Are you seeking legal representation?

Yes ☐ No ☐

Please provide the names of any other individuals/parties related to your case (e.g., other parent in a child custody matter, another Servicemember found liable in a FLIPL).