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 (Reserve/National Guard).

Client Name Client DOD I	(Last, First, MI): D Number		ID Card Expirat	ion Date (dd/mmm/yy):	
Male Female		Military Grade of Client/Sponsor			
Duty Status:	Army Active Duty	Army Reserve Title 10 AD Retired FM	National Guard Title 10 AD		Dependent
*PLEASE ENTER Y Marital Statu Spouse's Full	your contact informat s: Single Married			Other Status:	
Client Current Unit/Location: PCS/ETS/Redeploy:/					
Client Mailing Address:					
DOB:/	Phone: Age:_ *: WW WW	E-Mail	:	ell Phone:	
]	Please provide a brief d	escription of the	ne legal issue you	are seeking assistance wit	h.
Are you current matter?	tly represented by an at	torney for this	legal issue (i.e., h	nave you hired an attorney	related to this
Yes	No				
				nple, they cannot appear endent family members f	

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

custody, child support, or probate cases. Are you seeking legal representation?

No

Yes