

**FORT JACKSON LEGAL ASSISTANCE
OFFICE CLIENT INTAKE FORM - TRAINEE**



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. After entering your information, **please return the form to your Cadre to ensure a point of contact from your unit is listed.**

Client Name (Last, First, MI): _____

Client DOD ID Number: _____

ID Card Expiration Date (dd/mm/yy): _____

Male

Female

Military Grade of Client/Sponsor

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:** _____

Anticipated Graduation Date: _____ **AIT Location/Duty Assignment:** _____

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

Unit Point of Contact

Our office must have a unit point of contact for each Trainee attending an appointment. Although cadre are required to stay for the duration of a Trainee's appointment, we need a reliable contact person for case updates.

Rank/Last Name, First Name

Phone Number/Email

Signature Block for Unit Commander