

EMAIL THIS COMPLETED FORM TO :
usarmy.knox.usacc.mbx.trial-defense-service@mail.mil

Data Required by the Privacy Act of 1974

AUTHORITY

Title 10, USC, Section 3013

PRINCIPAL PURPOSE

The purpose of this form is to assist the attorney in preparing legal documents for the client, and to prepare statistical reports on legal assistance services provided during the year. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.

ROUTINE USES

Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.

DISCLOSURE

Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.

Date: _____

Last Name: _____ First Name: _____

Gender (mark with X): _____ M _____ F Rank/Grade: _____

SSN (**Last Four Only**): _____

DoD ID # (Located on the Bottom Reverse of CAC Card): _____

Cell Phone: _____

E-Mail Address: _____

Note: Please provide an email address that is regularly checked, civilian email address is acceptable.

Unit POC to coordinate appointment (i.e. CDR, 1SG): _____

Unit POC cell phone: _____ Unit POC email: _____

Company: _____

Battalion: _____

Brigade: _____

Visit Reason (Please mark with X):

_____ Under Investigation _____ Article 15 _____ Chapter Notification

_____ Court-Martial Charges _____ Other (Please Explain):

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