



Legal Assistance Office APPOINTMENT REQUEST FORM

All information is confidential. It will not be shared with your spouse, your command, or any other party.

You MUST submit a copy of your military ID, front and back, in order to receive services.

While 18 USC Section 701 prohibits reproduction of military ID cards for external use, DoD Instruction 1000.13 allows copying for the purposes of "administering other military-related benefits to eligible beneficiaries."

All attorney consults are telephonic unless otherwise requested. If you would like to request an in-person consult, please do so below and we will do our best to accommodate you. Please note, children are not permitted at in-person appointments.

YOUR INFORMATION

Your Name:

Maiden Name:

Your Status:

You or your Sponsor's Rank:

Your DOD ID Number:

Last four of your social:

Phone Number:

2nd Phone Number:

Email Address(Preferred):

Physical Address:

Unit (if Military Member):

Marital Status:

SPOUSE INFORMATION

Name of spouse:

Spouse's maiden name:

Are you dual military?

If yes, Unit of spouse:

How long have you been married?

Number of years you and/or your spouse has been in the military:

Where is your spouse located (city/State)?

PLEASE FILL OUT THE ENTIRE FORM. TO INCLUDE READING AND SIGNING THE ACKNOWLEDGEMENT. FAILURE TO DO SO WILL RESULT IN A REJECTION OF YOUR REQUEST. SUBMISSION INSTRUCTIONS ARE ON THE LAST PAGE OF THIS DOCUMENT.

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Are you currently experiencing or have you recently experienced domestic violence?

Are there any current or expired Civilian or Military Protection Orders?

Do you have a civilian attorney?

Have you filed papers in court, or been served with court papers?

County and state of court:

Have you seen a legal assistance attorney about this situation? If yes, where?

What is the name of the opposing party (if any) in your case?

This can be spouse, landlord or any other person on the "other side" of your issue.

Generally, what is the category of issue you'd like to speak to an attorney about?

*Our office **cannot** assist with the following matters: Criminal matters, private business, employment, claims against the United States, in-court representation, complex litigation, social security claims, or Army admin issues that are more appropriate for S1, DEERs, or the Command.*

Divorce Paperwork: Before we review your documents, please indicate whether you have a question about a specific form or section within a form.

For UCMJ matters, Article 15, and Separation Chapters, contact Trial Defense Services at 253-477-1847.

Describe your legal situation and question. Please note: *Simply describing a situation is NOT a question. We must know what information you need in order to assist you.* If you need more space, attach a continuation page.

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DIVORCE, SEPARATION, CUSTODY, PATERNITY, and CHILD SUPPORT CLIENTS:

| | |
|--|---|
| <u>Number of children with your current spouse:</u> | <u>Ages of children with your spouse:</u> |
| <u>Location of children with your spouse (city and state):</u> | |

| | |
|---|--------------------------------|
| <u>Number of children from other relationships:</u> | <u>Ages of these children:</u> |
| <u>Location of other children (city and state):</u> | |

| | |
|--|--------------------------------|
| <u>Number of YOUR Spouses children from other relationships:</u> | <u>Ages of these children:</u> |
| <u>Location of other children (city and state):</u> | |

Are you or your spouse pregnant?

If yes, what is the due date?

Are there any existing court orders in place?

IF YES WHAT IS THE COUNTY OR STATE THAT ISSUED THE ORDER?

Indicate the specific family law form or divorce form (or section within a form) that your legal question pertains to:

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Acknowledgment of JBLM Main LAO policies:

_____ I understand that JBLM Main LAO (“this office”) provides legal assistance not legal representation. I understand and agree that although I may be given an appointment to consult with a legal assistance attorney, the legal assistance attorney and this office will not provide me ongoing representation in my case or matter.

_____ I understand and agree that the legal assistance attorney is not my attorney for any purpose other than the case or matter that I am consulting about and does not have to give me any additional legal help.

_____ I understand and agree that unless the legal assistance attorney and I specifically agree, in writing, upon an expansion of the scope of representation, the scope of representation is limited to my appointment with the legal assistance attorney about my case or matter and no additional work will be done on my behalf after my appointment.

_____ I understand and agree that while the legal assistance attorney has an ongoing duty to safeguard privileged communications between us, our attorney-client relationship will terminate following my appointment, unless otherwise specified in writing.

_____ I understand and agree that if I need assistance with a subsequent legal matter or case, or additional assistance with this matter or case, I will need to request another appointment for additional legal assistance.

_____ I understand and agree that if I do not respond to an appointment request for a will (or other estate planning document) execution within 30 days of the initial scheduling request from the drafting attorney, I will need to redo and resubmit estate planning documents.

Signed: _____ Date: _____

Printed Name:

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SUBMISSION INSTRUCTIONS

Email all documents to: usarmy.jblm.i-corps.mbx.jblmlao@army.mil

Mandatory:

1. This form, completed.
2. A copy of your military ID, front and back. DoD Instruction 1000.13 allows copying military IDs for the purposes of "administering other military-related benefits to eligible beneficiaries."
3. If you have a question that involves any documentation, including court forms, contracts, leases, and collection notices, attach it to the email.

Divorce Paperwork: Before we review your documents, please indicate on the third (3) page, whether you have a question about a specific form or section within a form.

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