



**FORT NOVOSEL SOLDIERS AND FAMILY LEGAL SERVICES
CLIENT INTAKE FORM**

Rank: _____ Date: _____

Last Name: _____ First Name: _____ M.I.: _____

DOD ID# (required): _____ Expiration Date: _____

Client Category: _____ Service Member _____ Family Member _____ Retired

Unit: _____ State of Residence: _____

Phone: _____ Email: _____

Marital Status: _____ Married _____ Separated _____ Divorced _____ Single _____ Widow(er)

Spouse's Name _____ Spouse's DoD ID# _____

Select all the reasons for your visit:

- | | |
|--|---|
| <input type="checkbox"/> Divorce/Family Law | <input type="checkbox"/> Consumer Law |
| <input type="checkbox"/> General Officer Memorandum of Reprimand (GOMOR) | <input type="checkbox"/> Financial Liability Investigation of Property Loss (FLIPL) |
| <input type="checkbox"/> Tenant/Landlord Issue | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Removal from Flight School | <input type="checkbox"/> Business/ Rental Property |
| <input type="checkbox"/> Estate Planning (Will) | <input type="checkbox"/> Other |

Name of adverse party: _____

Do you currently have a civilian attorney related to this issue? _____ Yes or _____ No

Please provide information on your selection above:

FOR OFFICIAL USE ONLY:

Conflict Check: _____ Appointment made by: _____

1st Call: _____ 2nd Call: _____ Final Email: _____