



TORII LEGAL ASSISTANCE

Client Card



DATE:		CLIENT CATEGORY				
NAME (Last, First, MI):		GRADE:		RANK:	<input type="checkbox"/> N/A	
OTHER LAST NAMES:		<input type="checkbox"/> AD	<input type="checkbox"/> ADFAM	<input type="checkbox"/> RET	<input type="checkbox"/> RETFAM	
FIRST VISIT <input type="checkbox"/> RETURNING CLIENT <input type="checkbox"/>		<input type="checkbox"/> OTHER:				
EMAIL ADDRESS		WORK PHONE:		SSN CLIENT (LAST 4 ONLY)		
		CELL PHONE:				
LOCAL MAILING ADDRESS		BRANCH OF SERVICE				
		<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> DOD Civilian				
DOD ID NUMBER:		ID EXPIRATION DATE:				
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED		IF SEPARATED, LIST DATE:		SPOUSE'S NAME (Last, First, MI)		SSN SPOUSE (LAST 4 ONLY)
				OTHER LAST NAMES:		
		SPOUSE INFORMATION				
		GRADE:		RANK:		
LEGAL NEEDS/ ISSUES:						
<input type="checkbox"/> Marriage <input type="checkbox"/> Notary <input type="checkbox"/> GPOA/SPOA <input type="checkbox"/> Certified Copy <input type="checkbox"/> Wills/Estate Planning <input type="checkbox"/> Naturalization/Immigration <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Paternity <input type="checkbox"/> Name Change <input type="checkbox"/> Non-support <input type="checkbox"/> Property/Landlord Tenant <input type="checkbox"/> Military Rights/Benefits <input type="checkbox"/> Consumer Fraud/Abuse <input type="checkbox"/> Creditor/Debtor <input type="checkbox"/> Tax Law <input type="checkbox"/> Other						
PLEASE PROVIDE DETAILS OF YOUR LEGAL NEEDS OR ISSUES:						
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.					
(DO NOT WRITE BELOW THIS LINE)						
DATE	ATTORNEY	MODE	TYPE CASE	TYPE OF SERVICE	REMARKS	