



Client Card

PLEASE FILL OUT ALL THE BOXES.

DATE:					CLIENT CATEGORY					
NAME (Last, First, MI)										
					CRADE.					
DOD ID:					GRADE:			RANK:		□n/A
FIRST VISIT 🔲 RETURNING CLIENT 🗆					AD ADFAM RET RETFAM CIV CIVFAM					
					□OTHER:					
EMAIL ADDRESS					WORK PHONE:					
					CELLPHONE:					
					□Army □Air Force □Marine Corps □Navy					
					\Box DOD Civilian					
			SPOUSE'S	NAME (Last,	First, MI)					
	LIST DATE	:								
		-	SPOUSE INFORMATION							
		-	GRADE:		RANK:		•			
			••••••						,,,,	
LEGAL NEEDS/ ISSUES:										
□ Marriage □ Notary □ GPOA/SPOA □ Certified Copy □ Wills/Estate Planning □ Naturalization/Immigration										
□Divorce/Separation □Custody □Adoption □Paternity □Name Change □Non-support										
Property/Landlord Tenant Military Rights/Benefits										
□Consumer Fraud/Abuse □Creditor/Debtor □Tax Law □Other										
PLEASE PROVIDE DETAILS OF YOUR LEGAL NEEDS OR ISSUES:										
		DA	TA REQUIR	ED BY THE PR	RIVACY AC	T OF 1	1974			
			10, USC, Section 3013							
			purpose of this form is to assist the attorney in preparing legal documents for the client, and to pare statistical reports on legal assistance services provided during the year. The information on this							
	protected by the attorney-client privilege and may be released only in accordance with law or									
with approval of the client.										
docum			rmation on this form will be used to provide legal advice and to prepare legal correspondence and uments for the client, and to prepare statistical reports.							
(DO NOT WRITE BELOW THIS LINE)										
DATE ATTOF		ORNEY		MODE	TYPE CASE	δE			REMA	RKS
					+		SERVICE			