

LEGAL ASSISTANCE ELIGIBILITY QUESTIONNAIRE

SECTION 1: READ THE FOLLOWING *FIRST*.

1. **Note:** If you have filled out this form previously and submitted it within the past month for the same legal issue, ***please do not submit the form again***. Your form is already being evaluated and additional submissions will not increase the likelihood of being seen by the office.

2. **Notices & Disclaimers:**

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

PRIVACY ACT STATEMENT: AUTHORITY 5 USC 301, Departmental Regulations; 10 USC 1044; and 32 CFR Part 727, Legal Assistance.

SYSTEM OF RECORDS NOTICE: N05801-2. EDIPI USE(S): EDIPIs are used to perform client conflict of interest checks and to locate military members in databases. **ROUTINE USE(S):** Information provided is used to provide an administrative record for use by attorneys and clerical personnel directly involved in providing legal assistance, to manage internal counsel assignment, and for internal management of the office, to include generating periodic workload productivity and statistical reports.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of requested information is voluntary, but failure to provide such information may limit the Legal Assistance Office's ability to provide assistance.

DISCLAIMER: Completing this form or receiving services from a non-attorney at the Legal Assistance Office does **NOT** create an attorney-client relationship. In order to form an attorney-client relationship, you must meet with an attorney. This form is used to screen for your eligibility to become a client of this office. Submitting this form does not guarantee that an attorney-client relationship will ever be formed in the future. By submitting this form you understand and agree that the Legal Assistance Office will have no duty to keep confidential the information that you are now transmitting to the Legal Assistance Office.

3. I have read and understand the above notices & disclaimer. I affirm that the information provided below is true and complete to the best of my knowledge and belief.

*Your Signature _____ Date: _____

(*You will have an opportunity to sign in person if you are given an appointment.)

SECTION 2: INFO ABOUT YOU (If you are NOT your own sponsor, complete Section 3).

1. Your Name (Last, First, M.): _____
2. Your Rank / Branch (N/A if civilian): _____
3. Your Unit / Command (Employer if civilian): _____
4. Status: Active Reserve/Guard Retired DoD Civ Dependent
If you're a contractor, does your contract state that you are entitled to legal services? _____
5. EAS (N/A if civilian): _____ Rotation date: _____
6. Deployment (When, where, how long): _____
7. EDIPI/DoD ID: _____ DOB: _____
8. Phone(s): _____
9. Email(s): _____
10. Physical Address: _____
11. Mailing Address: _____
12. If **you have seen** an attorney (civilian or military) for this issue before, provide that attorney's name and location:

13. If you **currently** have an attorney for this issue, provide that attorney's name, location, phone, and email:

SECTION 3: INFO ABOUT YOUR SPONSOR (Skip this section if you are your sponsor).

1. Name (Last, First, M.): _____
2. Rank / Branch: _____

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3. Unit / Command: _____
4. Status: Active Reserve/Guard Retired DoD Civ Dependent
5. EAS: _____ Rotation date: _____

SECTION 4: YOUR LEGAL ISSUE (Check All that Apply).

- Adoption Or Name Change
- Consumer Issue: Auto Or Other Purchase Or Sale, Auto/House Repair, Credit Or Collection Problem, Bankruptcy
- Domestic Relations: Support; Custody; Guardianship; Divorce; Annulment; Paternity
- Early Return Of Dependents / Separate Living Quarters
- Immigration: Naturalization; Citizenship; Resident Permit; Visa; Employment
- Military Rights & Benefits: Servicemembers Civil Relief Act; Uniformed Services Employment And Reemployment Rights Act; Other _____
- Power Of Attorney: Includes Health Care Surrogate
- Real Estate Or Landlord Tenant: Purchase/Sale; Lease; Rental; Security Deposit; Eviction
- Tax: Income, Sales, Intangible, Property, Ad Valorem. (To Prepare A Return Feb To 15 June, Go To The Tax Center)
- Wills Or Estate Planning: Wills, Living Wills, Trusts, Medicaid, Elder Law, Estate Tax, Probate

SECTION 5: SPECIAL CIRCUMSTANCES (Check All that Apply).

- I have received a summons or notice of an impending court date
- I am a victim of ongoing domestic violence (note: please contact victims legal counsel and/or the provost marshal if you or a loved one is in immediate danger)
- I have a collateral criminal matter for which i have already been seen by the defense services organization and was told to request assistance from legal assistance
- I have a serious legal issue for which i believe i may be entitled to a humanitarian transfer or a referral to the aba pro bono referral program (Please see the aba website for more details).

SECTION 6: PRE-REQUISITES TO RECEIVING SERVICES/SEEING AN ATTORNEY.

- I am requesting assistance with an immigration matter and have attended the mandatory Immigration Class offered by the Legal Assistance Office.
- I am requesting assistance with a will or other estate planning documents and have enrolled in the mandatory Will And Estate Planning Class.
- I am requesting assistance with any other civil legal issue and have attended the mandatory Civil Legal Issues Class (CLIC).

SECTION 7: INFO ABOUT OPPOSING OR ADVERSE PARTY.

1. Name (Last, First, M.): _____
2. Rank / Branch (N/A if civilian): _____
3. Unit / Command (Employer if civilian): _____
4. Status: Active Reserve/Guard Retired DoD Civ Dependent
5. EAS (N/A if civilian): _____
6. Deployment (When, where, how long): _____
7. EDIPI/DoD ID: _____ DOB: _____
8. Phone(s): _____
9. Email(s): _____
10. Physical Location: _____
11. Mailing Address: _____
12. If he/she **currently** has an attorney for this issue, provide that attorney's name, location, phone, and email:
