



ALABAMA NATIONAL GUARD-LEGAL SERVICES OFFICE
INTAKE INFORMATION SHEET



ALNGLSO FILE NUMBER: ALNGLS _____

NAME: _____ DATE: _____

RANK _____ DOD ID: _____ PHONE: _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS: _____

STATUS/QUALIFICATIONS FOR SERVICES

MILITARY STATUS:

- ALARNG OR ALANG MEMBER (MBR) RETIRED (RET) ALNG MBR
- DEPENDENT (DEP) OF ALARNG/ANG MBR OTHER RET MILITARY
- ACTIVE-DUTY (COPY OF ORDERS) OTHER RET DEP
- DEP FAMILY MBR OF AD SERVICE MBR

CIVILIAN STATUS:

- MIL TECH T5 FED EMPLOYEE STATE EMPLOYEE
- OTHER (Please explain) _____

MACOM/UNIT/SECTION: _____ DEPARTMENT: _____

ETS/RETIREMENT DATE: _____

LEGAL ISSUES: (PLEASE CHECK BOX)

- WILL/ESTATE Civilian Employer (USERRA)
- POA (Power of Attorney) Deployment/Orders issues (SCRA)
- HCD (Healthcare Directive) Landlord/Tenant issues
- Notary Services Contract Review
- Other (please explain) _____

ADDITIONAL INFORMATION—PLEASE DESCRIBE BELOW

DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: Title 10, U.S.C., 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 may be 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.

