

Redstone Arsenal Legal Assistance Intake Sheet

Email completed forms to: usarmy.redstone.amcom.mbx.osja-legal-assistance@army.mil

Name/Rank _____ Email _____
Address (Street) _____ (City, State, Zip) _____
Phone # _____ DoD ID & Exp. Date _____ SSN (last 4) _____
Branch _____ Marital Status S M D W O _____
Client Category ACTIVE/AGR DEP RET RET DEP RC/NG DOD CIV (NOT ALSO RET/DEP)
Spouse Name/Rank _____ DoD ID & Exp. Date _____
SSN (last 4) _____ Involves ex-spouse? Y N Name/Rank _____
Virtual Meeting? Y N No Pref Have you consulted an attorney? Y Attorney Name _____ N
Returning client? Y N Do you want the same attorney? Y Attorney Name _____ N No Pref

WHAT DO YOU NEED HELP WITH?

Estate Planning

- Power of Attorney
- Will
- Probate
- OTHER _____

Real Property

- Landlord Rights
- Tenant Rights
- HOA Dispute
- OTHER _____

Civilian Criminal or Civil

- Immigration
- Special Ed (EFMP/IEP/504)
- Civilian Criminal
- OTHER _____

Military Administrative

- FLIPL Response
- 15-6 Response
- QMP
- Security Clearance
- GOMOR Response

Consumer

- Automobile
- Purchase Contracts
- Credit / Debt
- Identity Theft
- OTHER _____

Restricted Categories

- Revocable or Irrevocable Trust
- Business or Investment Matter
- Military Justice, Art. 15, Separations
- Disability Evaluation System
- OTHER _____

Family Law

- Adoption / Guardianship
- Divorce
- Child Custody
- AR 608-99 Payments
- OTHER _____

Divorce and Separation Clients MUST Complete

Married (mm/dd/yy) _____ Entered Mil. Serv. (mm/dd/yy) _____
Retired (mm/dd/yy) _____ Minor Children Together? Y N
Where are children (state)? _____ Since (mm/yy)? _____
Service Member living with spouse? Y N Departed (mm/yy) _____
Service Member living with minor children? Y N Departed (mm/yy) _____

SPECIFIC FACTS OF SITUATION. Attorney needs to identify the correct state/federal/military law for your situation and have enough facts to analyze it. Use back of sheet if needed.

How do you want your situation to be resolved? What outcome are you looking for?

STAFF USE ONLY

Date Received _____ Date Booked _____ Appt Date & Time _____
Conflict Check Completed by _____ Case Type _____ Assigned Personnel _____

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SPECIFIC FACTS OF SITUATION continued

* * * * * **STAFF USE ONLY** * * * * *

Attorney Services

<input type="checkbox"/> Legal Counsel (SC)	<input type="checkbox"/> Living Will (WIL)	<input type="checkbox"/> Legal Negotiation (SN)	<input type="checkbox"/> Separation Agreement (SA)
<input type="checkbox"/> Document Review (DR)	<input type="checkbox"/> HCPOA (SV)	<input type="checkbox"/> ABCMR (ABA)	<input type="checkbox"/> Referral other agency (RO)
<input type="checkbox"/> Will no Trust (SW)	<input type="checkbox"/> Phone Call (STE)	<input type="checkbox"/> Other Doc Prep (SO)	<input type="checkbox"/> Referral out of scope (RS)
<input type="checkbox"/> Will w/trust & guard. (ST)	<input type="checkbox"/> Email (EC)	<input type="checkbox"/> State Pro Se (SS)	<input type="checkbox"/> Referral to USAR (RR)
<input type="checkbox"/> Will Execution (WE)	<input type="checkbox"/> Edit existing doc (SE)	<input type="checkbox"/> State Tax Controversy (TU)	<input type="checkbox"/> Referral reduced fee (RRF)
<input type="checkbox"/> GDPOA (SP)	<input type="checkbox"/> Research (RE)	<input type="checkbox"/> Fed Tax Controversy (TV)	<input type="checkbox"/> Referral lack expertise (RE)
<input type="checkbox"/> AMD (SV)	<input type="checkbox"/> Legal Research (LR)	<input type="checkbox"/> Tax Question (TQ)	<input type="checkbox"/> Referral list given (RL)

Other: _____

Attorney Notes

Paralegal Services

DATE(S)	SERVICE(S)	INITIALS	NOTES
	<input type="checkbox"/> Phone Call (STE) <input type="checkbox"/> Email (EC) <input type="checkbox"/> Will no Trust (SW) <input type="checkbox"/> Will w/Trust (ST) <input type="checkbox"/> GDPOA (SV) <input type="checkbox"/> AMD (SV) <input type="checkbox"/> Research (RE) <input type="checkbox"/> Edit exist doc (SE) <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Phone Call (STE) <input type="checkbox"/> Email (EC) <input type="checkbox"/> Will no Trust (SW) <input type="checkbox"/> Will w/Trust (ST) <input type="checkbox"/> GDPOA (SV) <input type="checkbox"/> AMD (SV) <input type="checkbox"/> Research (RE) <input type="checkbox"/> Edit exist doc (SE) <input type="checkbox"/> Other _____		
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Routing

Front Loaded? Y N	Date Drafted	Date Paralegal Rec'd File to Schedule	Date Signing Scheduled
Signing Date & Time	Date Disengaged	CIS Completion Date	

REDSTONE ARSENAL LEGAL ASSISTANCE ESTATE PLANNING QUESTIONNAIRE WORKSHEET

PHONE NUMBERS: Cell _____ Other _____ E-Mail: _____

Do you have a revocable living trust?: YES NO *If yes, **STOP** and call our office – (256) 876-9005*

1. PERSONAL INFORMATION

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated or Pending Divorce <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name (first, middle, last): _____	
Spouse's Name (first, middle, last): _____	Spouse U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address (street, city, state, zip): _____	
State of Legal Residence: _____	County of Legal Residence: _____
Do you real estate? (Include a properties with mortgages) <input type="checkbox"/> Yes <input type="checkbox"/> No States located in? _____	
Jointly owned? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom? (name and relationship) _____	

2. FOR CLIENTS WITH CHILDREN (EVEN IF ADULTS)

Full name of child (first, middle, last)	Age	C= Current Marriage P = Prior relationship	A = Adopted S=Stepchild	Gender
		You	Spouse	

Treat **stepchildren** like natural born children? Yes No N/A Treat **adopted** like natural born children? Yes No N/A

3. **Do YOU want to disinherit anyone?** Yes No **Does your SPOUSE want to disinherit anyone?** Yes No
List NAME and RELATIONSHIP of those disinherited: _____

NOTES: If you disinherit anyone, that does not prevent him or her from contesting your will. In Alabama, you may disinherit your adult children (over the age of 19). Many states do not allow you to fully disinherit your current spouse; please discuss this issue with an attorney if you plan to disinherit your current spouse. Also, it is not necessary to disinherit a former spouse.

4. **WHO DO YOU WANT TO HANDLE YOUR AFFAIRS AFTER YOUR DEATH?** A **Personal Representative**, called an **“Executor”** in some states, settles your Estate and must be at least 19 years old. If your spouse is alive when you die, they could be your personal representative.

Primary for YOU (Full name and relationship): _____
Alternate for YOU (Full name and relationship): _____
Primary for SPOUSE (Full name and relationship): _____
Alternate for SPOUSE (Full name and relationship): _____

Do you want to require your personal representative to post a bond? _____ YES _____ NO

Probate bond is designed to protect the estate in case the personal representative mismanages the estate or runs off with the assets. If bond is not waived in the Will, the probate court will require bond to cover the value of your estate. A personal representative will be required to pay a bond premium, which will depend on the personal representative’s net worth and credit worthiness.

5. **FINAL WISHES.** Do **YOU** prefer burial or cremation? Buried Cremated Where do **YOU** want to be laid to rest?
 Location: _____ **SPOUSE:** Buried Cremated Laid to rest: _____
 Do **YOU** want military honors? YES NO N/A Does your **SPOUSE (dual military only)**? YES NO N/A

6. WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?

A. PRIMARY BENEFICIARIES

All to SPOUSE, and if spouse dies, to your CHILDREN EQUALLY (select 1, 2, or 3)

- 1. Per Stirpes (Most Common): If a child dies before you, their share is divided among their living children. If they have none, it is distributed equally to your living children – e.g. 1 living child and 2 grandkids from a deceased child. Living child gets 50%; grandchildren get 25% each.
- 2. Per Capita with Representation: If a child dies before you, that child’s children share equally with your surviving children – e.g. 1 living child and 2 grandkids from a deceased; each gets 33% of your estate.
- 3. Per Capita: The deceased child’s share is redistributed among your living children. Your grandchildren will only inherit if all of your children have already died – e.g. 1 living child and 2 grandkids from a deceased child. Living child gets it all.

OR

To your CHILDREN EQUALLY (see definitions above): Per Stirpes Per Capita with Representation Per Capita

OR

All to the following PERSONS:

Name of person (first, middle, last)	Relationship	Percentage

ALTERNATE BENEFICIARIES: If your primary beneficiaries do not survive, who do you want to receive your estate?

Name of person (first, middle, last)	Relationship	Percentage

B. NOTES/ SPECIFIC BEQUESTS:

C. LETTER OF INTENT: It is a non-binding instructional memorandum for your personal representative to distribute items of high sentimental value, but low monetary value. The letter is for convenience and is not legally enforceable. The letter of intent is NOT appropriate for the distribution of VALUABLE items in excess of \$5000 or instructions you want to ABSOLUTELY happen.

7. WHO DO YOU WANT TO RAISE YOUR MINOR CHILDREN? Note: The age of Majority in Alabama is 19.

GUARDIAN OF THE PERSON: This person will raise your child if you die. Generally, a child’s biological parents have the right to raise their own child unless that parent has lost their rights or is unfit. So, the guardians you appoint below should be someone other than the child’s biological parents. The guardian the child lives with is called *Guardian of the Person*. It does not have to be the same person who manages the child’s money, but there are logistical benefits to naming the same person to handle a child’s care and finances.

Primary Guardian (full name/relationship): _____

Alternate Guardian (full name/relationship): _____

8. LEAVING PROPERTY TO MINOR CHILDREN If you leave money to minor children *without further instructions*, the money is placed with a *Guardian of the Property*. This adult manages the child's money until they reach the age of majority under state law, which is 19 in Alabama. Money is then distributed in one lump sum. IF YOU HAVE MINOR CHILDREN, YOU CAN:

1. Create a **TRUST**. A trust allows you to select an age of distribution that is older than the age of majority or to distribute the money in more than one installment. The trust would own your child's inheritance and a Trustee would manage trust assets for the benefit of a child. If tiered distribution or an older distribution age appeal to you, consider leaving property via a trust.

Asset Distribution:

Give it to my children in ONE LUMP sum at age _____

Give it to my children in installments as follows (select only one): 50% at 21 and Remainder at 25; **OR** 33% at 21; 33% at 25; and Remainder at 30; **OR** 33% at 25; 33% at 30; Remainder at 35; **OR** Something else _____

Primary Trustee (Name/Relationship) _____ Alternate (Name/Relationship) _____

2. Create a **CUSTODIAL ACCOUNT**. You name a Guardian of the Property who opens a Custodial Account on behalf of the child and makes withdrawals for the child's benefit. The child receives the account balance in one lump sum when they reach the age of majority.

Primary Custodian (Name/Relationship) _____ Alternate (Name/Relationship) _____

3. Allow your **PERSONAL REPRESENTATIVE** to determine if a Custodial Account or Trust is best. '

4. **SPOUSE'S PLAN**. *Although it is not necessary for spouses to make the same elections, a unified vision for who cares for your children and how is helpful.* Same as you Something else: _____

LIVING WILL/ HEALTHCARE POWER OF ATTORNEY

NOTE: This is the Alabama model. If you are a resident of a different state your documents may differ slightly.

A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery.

Do you want a living will? YOU: Yes _____ No _____ SPOUSE: Yes _____ No _____

Key definitions:

Permanent unconsciousness: Doctors agree with a reasonable degree of medical certainty that you cannot think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement.

Terminally ill or injured: is when my doctor and another doctor decide that I have a condition that cannot be cured where death will result in the near future without the use of artificial life-sustaining procedures.

Life-sustaining treatment: Life-sustaining treatment includes drugs, machines or medical procedures that sustain life but would not cure you.

ELECTIONS:

If I become TERMINALLY ILL OR INJURED:

I want to have food and water provided through a tube or an IV if I am *terminally ill or injured*.

YOU: Yes _____ No _____ SPOUSE: Yes _____ No _____

I want to have *life-sustaining treatment* if I am *terminally ill or injured*.

YOU: Yes _____ No _____ SPOUSE: Yes _____ No _____

If I become PERMANENTLY UNCONSCIOUS:

I want to have food and water provided through a tube or an IV if I am *permanently unconscious*.

YOU: Yes _____ No _____ SPOUSE: Yes _____ No _____

I want to have *life-sustaining treatment* if I am *permanently unconscious*.

YOU: Yes _____ No _____ SPOUSE: Yes _____ No _____

HEALTH CARE POWER OF ATTORNEY: This document designates someone to make medical choices for you if you cannot make or communicate those choices yourself. It also gives your agent access to your medical information.

Who do **YOU** wish to nominate?

1st Choice:	2nd Choice:
Full Name (First, Middle, Last)	Full Name (First, Middle, Last)
Address	Address
Phone Number	Phone Number

Who does your **SPOUSE** wish to nominate?

1st Choice:	2nd Choice:
Full Name (First, Middle, Last)	Full Name (First, Middle, Last)
Address	Address
Phone Number	Phone Number

DIRECTIONS FOR MY HEALTH CARE POWER OF ATTORNEY Place your Initials by one of the following directions:

1. I want my health care proxy to follow only the directions as listed on this form. **YOU:** _____ **SPOUSE:** _____
2. I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form. **YOU:** _____ **SPOUSE:** _____
3. I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form. **YOU:** _____ **SPOUSE:** _____

POWER OF ATTORNEY

A power of attorney is a written authorization for someone to act on your behalf. Our office drafts DURABLE powers of attorney that survive your incapacitation. A power of attorney may be ACTIVE NOW, meaning it is effective once it is signed and notarized. A SPRINGING power of attorney takes effect when you BECOME INCAPACITATED and cannot manage your own personal and financial affairs. This springing durable power of attorney lasts as long as you are alive or until you revoke it. If you are mentally competent, you can revoke a durable power of attorney whenever you like by destroying the document.

Name someone you trust as your attorney-in-fact. Your attorney-in-fact will have GREAT AUTHORITY over your affairs. Not only can they keep your affairs in order, but they have the ability to abuse this document at your expense for their own gain. **PLEASE NOTE: a power of attorney ceases to exist at the time of your death.**

1. Do you want the Power of Attorney active now or springing upon incapacitation? **YOU:** Now Springing **SPOUSE:** Now Springing
2. Do you want your medical agent to also be your agent for the Durable Power of Attorney? **YOU:** Yes No **SPOUSE:** Yes No

YOUR AGENT(S)

Agent	Alternate Agent
Name/Relationship	Name/Relationship
Address	Address
Phone Number	Phone Number

SPOUSE'S AGENT(S)

Agent	Alternate Agent
Name/Relationship	Name/Relationship
Address	Address
Phone Number	Phone Number