

**Email To: [matthew.f.helmes.civ@army.mil](mailto:matthew.f.helmes.civ@army.mil)**

**Or**

**Drop Off At: Bldg. 3439, Honest John Road**

**INTAKE SHEET**

FULL NAME: \_\_\_\_\_

LAST 4 OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

DOD ID# AND EXPIRATION DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CIRCLE ONE - MARITAL STATUS: SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOWED

CIRCLE ONE - Active Duty Member/ AD Family Member/ Retired Member/ Ret Family Member/ DOD Civilian

EMAIL ADDRESS: \_\_\_\_\_

SPOUSE FULL NAME: \_\_\_\_\_

SPOUSE LAST 4 of SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE DOD ID# AND EXPIRATION DATE: \_\_\_\_\_

SPOUSE DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

SPOUSE EMAIL ADDRESS: \_\_\_\_\_

BRANCH OF SERVICE MEMBER OR RETIRED SERVICE MEMBER: \_\_\_\_\_

RANK OF SERVICE MEMBER OR RETIRED SERVICE MEMBER: \_\_\_\_\_

ARE YOU CURRENTLY SEEING AN ATTORNEY FOR THIS ISSUE:      YES      NO

BRIEF SYNOPSIS OF YOUR LEGAL ISSUE:

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