

Email To: usarmy.redstone.amcom.mbx.osja-legal-assistance@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: _____

SELECT ONE - MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

SELECT ONE - Active Duty 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:

