TORII LEGAL ASSISTANCE

Client Card

NAME *(Last, First, MI)*		**CLIENT CATEGORY** **GRADE:** **RANK:** **OR** **N/A**	
FIRST VISIT ☐ **RETURNING CLIENT** ☐		☐AD ☐DEP ☐RET ☐RETDEP ☐CIV ☐CIVDEP ☐OTH	
EMAIL ADDRESS		**CLIENT SSN** *(last 4)*	**WORK:** **CELL:**
LOCAL MAILING ADDRESS		**BRANCH OF SERVICE** ☐USA ☐USAF ☐USMC ☐USN ☐DOD ☐CIV ☐OTH	
SPOUSE'S SSN *(last 4)*	**SPOUSES'S NAME** **SPOUSE'S** **GRADE:** **RANK:** **OR** **N/A**	**MARITAL STATUS**	**IF SEPARATED, LIST DATE:**
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR LEGAL NEEDS OR ISSUES:			

DATA REQUIRED BY THE PRIVACY ACT OF 1974	
AUTHORITY	Title 10, USC, 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 is 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.

(DO NOT WRITE BELOW THIS LINE)

DATE	ATTORNEY	MODE	TYPE CASE	TYPE OF SERVICE	REMARKS
		CL			