



Ft. Sill Legal Assistance Office General Information Intake Sheet

Last: _____ First: _____ Middle: _____

Rank: _____ Phone #: _____ Last 4: _____

DOD ID: _____ Exp. Date: _____

Email: _____

Local Address: _____

Unit: _____ BDE: _____

Spouse Last: _____ First: _____ Middle: _____

Last 4: _____ Rank/CIV: _____

*Previous Spouse Last Name: _____ First: _____ Middle: _____

*** IF YOU HAVE BEEN PREVIOUSLY MARRIED. PLEASE FILL OUT THIS INFORMATION.**

Hand-Deliver Completed Forms To:

Ft. Sill Legal Assistance Office
4700 Mow-Way Road, 4th Floor, Suite 400
Fort Sill, OK 73503
Telephone: (580) 442-5058/5059

**** Non-Local Clients Sending Via Email Must Attach Copy of
Military ID Card, Front & Back****



CASE INFORMATION SHEET

Client Name (Rank, First, Middle, Last): _____ Select One: Male Female

Issue Subject Matter (Landlord/Tenant, Finance, Divorce, Adoption, Car Issues, GOMOR, FLIPL, OER/NCOER, etc.)

Do you have a pending court case? Y N Do you have a civilian attorney? Y N

Which State is your current issue in (e.g., OK, TX, KS)? _____

Provide a brief overview of what has happened so far:

Names and addresses of all parties involved/contacted:

SPECIFIC questions pertaining to your situation that you have and/or SPECIFIC outcomes/remedies you desire:

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REQUEST TO RECEIVE REMOTE LEGAL ASSISTANCE SERVICES AND CONFIDENTIALITY DISCLOSURE

As a party eligible for legal assistance services from the Fort Sill Legal Assistance Office (“FSLAO”), I hereby request to receive those services by remote means. This may include discussion and communications with FSLAO attorneys and support staff using the telephone, electronic mail (email), internet programs to include Defense Connect Online (DCO) and DoD Safe File Exchange, or other means conducted in place of face-to-face consultations. I am seeking support via these remote means as a matter of COVID-19 enhanced health protection condition (HPCON) levels, and understand that I may schedule a face-to-face meeting with FSLAO legal assistance providers at some point after these HPCON levels are lowered, if I desire to do so by calling the Legal Assistance appointment desk at: (580) 442-5058/5059.

I understand that the confidentiality of all my communications with FSLAO personnel is of utmost importance to FSLAO. It is the policy and practice of FSLAO that the confidentiality of all my private information and case-related matters be protected from improper disclosure in every possible manner and at all times. I understand that all personnel assigned to FSLAO (military and civilian attorneys, paralegals, and support staff) are governed by this confidentiality requirement and may not discuss my private client information outside the scope of their official duties or disclose my private client information to third parties without my permission or as otherwise required by law.

While I understand the confidentiality requirements regarding my case, I also understand that accessing legal assistance services via remote means subjects my communications with FSLAO personnel to possible interception or discovery by third parties. While FSLAO personnel will take all reasonable measures to protect my private information, FSLAO cannot control or guarantee absolute privacy of communications made via telephone, cell phone, email, internet or any other electronic communication systems not operated by FSLAO. While the risk of any intercept may be low, it is a risk I accept in seeking legal assistance support through these remote means.

I also understand that the presence of any third party I allow to be present or participate in my communications with FSLAO legal assistance providers may compromise the privacy of my information and any underlying “attorney-client privilege” I may form with those providers. A third party (to include a roommate, co-worker, friend, spouse, or parent) is not bound by any rules of confidentiality and could relate my information for any purpose to any other parties.

I am advised that I have the opportunity to discuss these issues with a FSLAO legal assistance provider prior to my disclosure of any confidential information or execution of legal assistance support by remote means. By signing below, I acknowledge that I have read and understand this disclosure, have discussed any confidentiality concerns with a FSLAO provider, and desire the provision of legal assistance services by remote means.

Signature: _____ Date: _____

Written, Electronic, or Digital Signature Authorized

Printed Name: _____

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