

MN NG Legal Assistance Client Card

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.

PREFERRED PRONOUN (Mr, Ms., etc) NAME (Last, First, MI)		DODID (Servicemember)	MIL GRADE OF CLIENT OR SPONSOR
UNIT (For active National Guard Service Members Only)		CLIENT'S EMAIL ADDRESS	
CLIENT'S MAILING ADDRESS		CLIENT'S PHONE NUMBER	<u>FOR LEGAL ASSISTANCE OFFICE USE ONLY</u>
MARITAL STATUS	SPOUSE NAME		

CLIENT CATEGORY (Status)*

SM FM RET RETFM CIV CIVFM OTH WW WWFM KIA

HAVE YOU PREVIOUSLY RECEIVED LEGAL ASSISTANCE FROM THE MN ARNG? YES NO

IF YES, WHEN AND WHAT SERVICE(S) WERE PROVIDED?

SELECT SERVICE(S) REQUESTING:

CASE DETAILS (provide a detailed description)

CODES*

SM = Service Member
 FM = Family Member
 RET = Retired SM
 RETFM = Family Member of a Retired SM
 CIV = Civilian Employee of the Military
 CIVFM = Family Member of Civilian Employee
 OTH = Other
 WW = Wounded Warrior
 WWFM = Family Member of Wounded Warrior
 KIA = KIA Assistance