

MISSISSIPPI NATIONAL GUARD  
OFFICE OF THE STAFF JUDGE ADVOCATE  
JOINT FORCES HEADQUARTERS  
1410 RIVERSIDE DRIVE, JACKSON, MS  
TEL: 601-313-6175 / OFFICE HOURS: 0730 – 1500

**CLIENT LEGAL ASSISTANCE RECORD**

Date: \_\_\_\_\_ Component: AC / NG / RC

Status: AGR / TECH / ADOS / M-Day / RET / Civilian / Family Member / Other

DoD ID# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name/Rank: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status: \_\_\_\_\_ If married, Spouse's name: \_\_\_\_\_

Is your spouse in the military? Y / N

If yes, list their Rank & Unit: \_\_\_\_\_

What are you here to discuss? \_\_\_\_\_

Have you been here before to discuss this issue? Y / N

If yes, who did you speak with? \_\_\_\_\_

Are you currently represented by an attorney? Y / N

If Yes, Name: \_\_\_\_\_

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, U.S.C., 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.

**OFFICE USE ONLY:**

Type of Service Provided:  Legal Counseling  Legal Research  Power of Attorney

Advanced Medical Directive  Will (w/o trust)  Will (w/ trust & guardianship)  Will Execution

Notarization  Domestic Issue  Referral to Civilian Attorney  Referral to Pro Bono Service

Other: \_\_\_\_\_

Document (prepared /executed): \_\_\_\_\_

NOTES:

Provider: \_\_\_\_\_