

**VICTIM LEGAL COUNSEL CLIENT INTAKE FORM**

**PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101. PRINCIPAL PURPOSE (S):** Information provided is used to in-process and conflict check new cases of Victim Legal Counsel Organization (VLCO). **ROUTINE USE (S):** Information provided is used to assign cases and monitor VLCO attorneys and assigned clerical personnel. **MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE:** Disclosure of EDIPI is voluntary and there will be no adverse consequence from refusal to disclose; an individual, however, may be requested to establish eligibility for Victim Legal Counsel by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit VLCO ability to provide assistance. **INFORMATION PROVIDED IS CONFIDENTIAL AND FOR THE PURPOSE OF FACILITATING THE RENDITION OF PROFESSIONAL LEGAL SERVICES.**

*ALL QUESTIONS MUST BE ANSWERED.*

<b>Your Name (First, Middle, Last):</b>				<b>EDIPI:</b>	
<b>Contact Numbers:</b>		<b>Cell:</b>	<b>Home:</b>	<b>Work:</b>	<b>EMAIL:</b>
<b>Home Address:</b>				<b>City:</b>	<b>State:</b>
Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Your Spouse's Name: _____		Spouse's Maiden Name: _____		Your Maiden Name: _____	

Male <input type="checkbox"/> Female <input type="checkbox"/> Birthdate: _____		Active Duty <input type="checkbox"/> Inactive Reserve/Guard <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree Dependent <input type="checkbox"/> Dependent <input type="checkbox"/>			
Enter military information for self or Sponsor			Unit: _____		
Branch of Service: _____			How were you referred to consult with a VLC? _____		
Rank/Rate: _____		Pay Grade: _____			

EAS: _____ DCTB: _____	
Please check the box for any of the following that you have spoken with regarding this matter:	
<input type="checkbox"/> Law Enforcement Investigators (NCIS, CID, etc)	
<input type="checkbox"/> Trial Counsel / Prosecutor	
<input type="checkbox"/> Medical Personnel	
<input type="checkbox"/> Mental Health Professional	
<input type="checkbox"/> Sexual Assault Response Coordinator (SARC) or Victim Advocate	
<input type="checkbox"/> Legal Assistance or Other Attorney	
<input type="checkbox"/> Other (Briefly explain) _____	

BRIEFLY DESCRIBE THE SITUATION FOR WHICH YOU ARE REQUESTING TO CONSULT WITH VICTIMS' LEGAL COUNSEL:	
_____ _____ _____	

Date of crime against you? _____	
Are you currently represented by an attorney? If yes, the attorney's name: _____	
Have you filed any reports regarding the crime against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to participate in prosecution of the accused?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
Do you have any concerns for your personal safety?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
Is there currently a military protective order or civilian restraining order in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you desire a military protective order or civilian restraining order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you desire an expedited transfer from your unit, or change of duty assignment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Are you currently the subject of any command or criminal investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Do you have any questions or concerns about allegations of misconduct against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received information about the Victim and Witness Assistance Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a DD Form 2701 (Initial Information for Victims & Witnesses of Crime) ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a DD Form 2702 (Court-Martial Information for Victims & Witnesses of Crime) ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Sexual Assault Only</b> Have you completed a DD Form 2910 electing restricted or unrestricted report? Y or N If so, Restricted <input type="checkbox"/> Unrestricted <input type="checkbox"/> Not yet elected <input type="checkbox"/>	
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<b>CONSENT TO DISCLOSE CONFLICT: Please read the statement and check YES or NO</b>	
If an opposing party is entitled to Victim Legal Counsel (VLC) and comes into our office, the same VLC cannot consult with or represent that person if you have previously had confidential communication or formed an attorney-client relationship with the VLC first. It may be necessary for us to tell the opposing party or any conflicted party that this office represents you AND cannot represent them. If you are detailed a VLC, do you consent to this office disclosing that we represent you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Print and Sign: _____		Date: _____
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