



**US ARMY MANEUVER CENTER OF EXCELLENCE
FORT BENNING, GEORGIA
OFFICE OF THE STAFF JUDGE ADVOCATE LEGAL ASSISTANCE**



CASE INTAKE INFORMATION

Please provide your attorney with a narrative description of your legal issue in the space provided below. Please write legibly. The information you provide is confidential and will not be shared with anyone unrelated to the OSJA Legal Assistance Office (LAO) without your expressed permission.

Nature of Today's Issue (*select one*):

- | | | |
|--|----------|------------------------|
| Probate | Adoption | Immigration |
| Will/Estate Planning | Divorce | Landlord/Tenant Issues |
| GOMOR/FLIPL or Other Military Investigation: Circle Action | | |
| Other: Add Brief Description: | | |

Have you seen a legal assistance attorney in this office previously? Yes No

If yes, which attorney did you see? _____

Have you hired a private attorney related to today's appointment? Yes No

*****Rules of Professional Conduct prohibit the attorneys in this office from advising you if you already have representation. If your civilian attorney needs our assistance with your case, please have your attorney contact this office. We will be happy to speak with him/her.*****

CONFLICTS OF INTEREST: For your protection and privacy, a lawyer cannot represent competing interests of two or more parties. Please provide information on any other individuals/parties related to your case so that we may be able to determine if a conflict of interest exists.

OTHER INDIVIDUAL(S)/PARTIES INVOLVED: _____

OTHER INDIVIDUAL(S) SEEN BY OUR OFFICE? Yes No Don't Know

TERMINATION OF REPRESENTATION AND MAINTAINING CLIENT FILES: The attorney-client relationship between you and LAO will terminate once the above legal issue is resolved or LAO's ability to reasonably assist in resolving the above issue has been exhausted. If there is no clear date of resolution/termination, then the relationship will terminate six months after the last communication between you and LAO about the above legal issue. If you wish to re-engage LAO's services thereafter, you will need to re-apply for representation. Generally, LAO will retain your file for six years after your representation is terminated. Please ensure you do not leave original documents with the attorney. The file will be shredded in accordance with regulation. If you wish to retain any documents in your file, please alert LAO during your initial appointment so that copies can be made at that time, and the originals returned to you.

CLIENT SIGNATURE: _____

TODAY'S DATE: _____

FORT BENNING LEGAL ASSISTANCE DIVISION

WILL APPOINTMENT PACKET

THIS IS A WORKSHEET, NOT A LEGAL DOCUMENT. THIS INFORMATION WILL BE USED TO CREATE YOUR WILL

PERSONAL INFORMATION

FULL LEGAL NAME (FIRST, MIDDLE, LAST): _____

MARITAL STATUS: _____ (SINGLE, MARRIED, DIVORCED, SEPARATED, WIDOWED)

SPOUSES FULL NAME: _____

MILITARY STATUS: _____ (ACTIVE, RETIRED, FAMILY MEMBER OF ACTIVE OR RETIREE)

DOD ID NUMBER: _____ EXPIRATION DATE: _____

STATE OF LEGAL RESIDENCE: _____ COUNTY: _____

EMAIL ADDRESS: _____ CONTACT NUMBER: _____

CHILDREN'S INFORMATION (IF APPLICABLE)

FULL LEGAL NAME	AGE	T=FROM CURRENT MARRIAGE P=FROM PREVIOUS MARRIAGE A=ADOPTED S=STEPCHILD	DAUGHTER OR SON

If you have adopted children, do you want your will to state they are to be treated under your Will like natural born children?

Yes OR No (check one)

WHO DO YOU WANT TO TAKE CARE OF YOUR PERSONAL MATTERS AFTER YOUR DEATH?

EXECUTOR (Also known as personal representative): This person will be your first choice to settle your estate.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

CITY AND STATE WHERE THEY LIVE:

SECONDARY EXECUTOR: This person is your second choice to settle your estate. Choosing a second executor is recommended but not required.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

CITY AND STATE WHERE THEY LIVE:

WHO DO YOU WANT TO RECEIVE YOUR PROPERTY AFTER YOUR DEATH?

PRIMARY BENEFICIARY OR BENEFICIARIES: If you want your spouse to get everything, and if your spouse dies, for everything to be split equally to your current or future children check here. ___

If you did not initial above, please complete the table below.

FULL LEGAL NAME	RELATIONSHIP TO YOU	PERCENTAGE (Must equal 100%)

ALTERNATE BENEFICIARY OR BENEFICIARIES: Who do you want to receive your estate if the primary beneficiary or beneficiaries do not survive you?

FULL LEGAL NAME	RELATIONSHIP TO YOU	PERCENTAGE (Must equal 100%)

DISINHERITING: Is there any person that you specifically do not want to receive anything from your estate? If yes, list their full legal name and their relationship to you:

DO YOU OWN ANY REAL ESTATE? IF SO FILL OUT THE TABLE BELOW.

FULL STREET ADDRESS	CITY AND STATE

WHO DO YOU WANT TO RAISE YOUR CHILDREN?

GUARDIAN: This person will raise your children in the event of your death. The guardian does not have to be the same as the person who manages the child(ren)'s money.

PRIMARY GUARDIAN: This person is your first choice to raise your child(ren).

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

CITY AND STATE WHERE THEY LIVE:

SECONDARY GUARDIAN: This person is your second choice to raise your child(ren).

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

CITY AND STATE WHERE THEY LIVE:

LEAVING PROPERTY TO MINOR CHILD(REN)

If you leave money to children without further instructions, the money will be placed in a "Guardianship of the property". An adult, who need not be the same person as the "Guardian", will hold the money for the children until they reach the age of maturity under state law (which is usually 18). Money is then distributed in one lump sum.

The alternative is a Trust. This allows you to select an age of distribution that is older than the state's age of maturity, or to distribute the money in more than one installment.

DO YOU WANT TO ESTABLISH A TRUST FOR YOUR CHILD(REN) IN YOUR WILL?

Yes OR No (check one)

Money in the trust is to be distributed as follows (check one):

21

25

30

TRUSTEE: This person is your first choice to service as trustee.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

CITY AND STATE WHERE THEY LIVE:

ALTERNATE TRUSTEE: This person is your second choice to serve as trustee, if your first choice dies or is unwilling to serve.

FULL LEGAL NAME AND RELATIONSHIP TO YOU:

CITY AND STATE WHERE THEY LIVE:

DURABLE POWER OF ATTORNEY

DO YOU WISH TO APPOINT SOMEONE TO TAKE CARE OF YOUR AFFAIRS ON YOUR BEHALF IN THE EVENT YOU BECOME INCAPACITATED OR UNABLE TO COMMUNICATE YOUR DECISIONS?
YES OR NO

IF YES, WHOM DO YOU WISH TO NAME AS YOUR AGENT?

NAME: _____ **RELATIONSHIP TO** _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____ - _____

NAME AN ALTERNATE AGENT, IF THIS PERSON IS **UNABLE TO SERVE** AS YOUR AGENT:

NAME: _____ **RELATIONSHIP TO** _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____ - _____

ARE THERE ANY POWERS YOU WISH TO SPECIFICALLY **GRANT** OR **DENY** TO THIS AGENT?
MAKE GIFTS ON YOUR BEHALF? **YES OR NO**

IF YES, TO YOUR DESCENDANTS ONLY **YES OR NO**

SPECIFIC POWERS RELATED TO A RETIREMENT PLAN OR INDIVIDUAL

RETIREMENT ACCOUNT (IRA)? **YES OR NO**

TO FILE TAXES ON YOUR BEHALF? **YES OR NO**

SELL SPECIFIC REAL ESTATE ON YOUR BEHALF? **YES OR NO**

IF YES, WHAT REAL ESTATE? _____

IF APPLICABLE, ADDRESS: _____

CITY, STATE, ZIP CODE _____

ANY OTHER POWERS? **YES OR NO**

IF YES, WHAT _____

NAME: _____ **RELATIONSHIP TO** _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____ - _____

HEALTH CARE & INCAPACITY DECISION MAKING WORKSHEET

LIVING WILL

DO YOU WISH FOR A LIVING WILL TO BE PREPARED FOR YOU **YES OR NO**

IN THE EVENT YOU HAVE A TERMINAL CONDITION, BECOME COMATOSE OR ENTER A PERSISTENT VEGETATIVE STATE, DO YOU WANT LIFE SUPPORT? **YES OR NO**

NUTRITION AND HYDRATION? **YES OR NO**

DURABLE HEALTH CARE POWER OF ATTORNEY

IF YES, WHOM DO YOU WISH TO NAME AS YOUR AGENT?

NAME: _____ **RELATIONSHIP TO** _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____ - _____

NAME AN ALTERNATE AGENT, IF THIS PERSON IS UNABLE TO SERVE AS YOUR AGENT:

NAME: _____ **RELATIONSHIP TO** _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (_____) _____ - _____

DO YOU WANT YOUR AGENT AUTHORIZED TO DONATE YOUR ORGANS? **YES OR NO**

IF YES, IS THE AUTHORITY FOR (CIRCLE ONE):

TRANPLANT ONLY OR **ANY MEDICAL PURPOSE**

DO YOU WISH TO EXPRESS A PREFERENCE TO DIE AT HOME, RATHER THAN IN A HOSPITAL? **YES or NO**

FUNERAL ARRANGEMENTS

DO YOU WISH TO BE CREMATED? _____

DO YOU WANT MILITARY HONORS? **YES or NO**

MARRIED COUPLES: Each of you must submit your own packet.

The Legal Assistance Office will review your submission and contact you within the next 48 hours to setup your appointment. If you have any additional questions, please call 706-545-3281 for assistance.