

LEGAL AFFAIRS QUESTIONNAIRE

INSTRUCTIONS. ANSWER QUESTIONS 1-20. IF YOU HAVE CHECKED ANY SHADED BOX YOU MAY HAVE A PROBLEM THAT YOU SHOULD DISCUSS WITH A LEGAL ASSISTANCE OFFICER. TAKE THIS QUESTIONNAIRE WITH YOU IF YOU SEE A LEGAL ASSISTANCE OFFICER; OTHERWISE, DISCARD IT. THERE IS NO NEED TO FILL IN YOUR NAME, ETC. UNLESS YOU TAKE THIS TO A LEGAL ASSISTANCE OFFICER.

	YES	NO
1. DO YOU HAVE A WILL?		
2. HAVE YOU REVIEWED YOUR WILL WITHIN THE LAST 12 MONTHS?		
3. IF YOU ARE MARRIED, DOES YOUR WIFE HAVE A WILL? (IF NOT MARRIED CHECK HERE <input type="checkbox"/>)		
4. DOES YOUR SPOUSE (OR PARENTS) KNOW WHERE YOUR IMPORTANT PAPERS ARE KEPT?		
5. DID YOU FILE A FEDERAL INCOME TAX RETURN LAST YEAR?		
6. DID YOU FILE A STATE INCOME TAX RETURN LAST YEAR?		
7. DID YOU VOTE IN THE LAST NATIONAL ELECTION?		
8. DO YOU HAVE:		
A. LIABILITY INSURANCE ON YOUR CAR?		
B. LIFE INSURANCE (DO NOT COUNT GOVERNMENT INSURANCE)?		
C. HOUSEHOLD GOODS/PERSONAL PROPERTY INSURANCE?		
9. IS YOUR CAR REGISTERED IN YOUR HOME STATE? (IF YOU DO NOT OWN A CAR CHECK HERE <input type="checkbox"/>)		
10. IS YOUR CAR REGISTERED IN YOUR NAME ALONE?		
11. ARE YOUR AUTOMOBILE LICENSE AND DRIVERS LICENSE FROM THE SAME STATE?		
12. DO YOU OWN ANY PERSONAL FIREARMS?		
13. HAVE YOU HAD A CHANGE IN YOUR FAMILY STATUS (MARRIED, DIVORCED, SEPARATED, ADDITIONAL CHILDREN BORN OR ADOPTED) WITHIN LAST 12 MONTHS?		
14. HAVE YOU CHANGED OR ATTEMPTED TO CHANGE YOUR LEGAL RESIDENCE IN THE LAST 12 MONTHS?		
15. HAVE YOU EVER GIVEN ANYONE A POWER OF ATTORNEY?		
16. DO YOUR TOTAL OUTSTANDING DEBTS (DO NOT INCLUDE HOUSE PAYMENTS, RENT OR UTILITIES) AMOUNT TO MORE THAN 3 MONTHS TAKE HOME PAY?		
17. ARE YOUR MONTHLY CREDIT PAYMENTS MORE THAN 1/2 OF YOUR MONTHLY TAKE HOME PAY?		
18. HAVE YOU PURCHASED ANYTHING ON INSTALLMENTS DURING THE PAST 6 MONTHS (CAR, T.V., WASHER, ETC.)?		
19. DO YOU HAVE AN INCOME OTHER THAN YOUR MILITARY PAY?		
20. DO YOU EXPECT TO BE TRANSFERRED WITHIN THE NEXT 12 MONTHS?		

FILL IN THE INFORMATION BELOW IF YOU TAKE THIS QUESTIONNAIRE TO A LEGAL ASSISTANCE OFFICER.

NAME	LAST	FIRST	MIDDLE	SSN
MILITARY ADDRESS - DUTY STATION				TELEPHONE
PRESENT LOCAL ADDRESS				TELEPHONE
PERMANENT LEGAL RESIDENCE (DOMICILE)		CITY	COUNTY	STATE