

LEGAL ASSISTANCE CASE RECORD

PART A - TO BE FILLED IN BY CLIENT

NAME OF CLIENT	RANK/RATE	SERVICE NUMBER
NAME OF SPONSOR <i>(If client is dependent)</i>	RANK/RATE	SERVICE NUMBER
LOCAL RESIDENCE <i>(Address)</i>	TELEPHONE NUMBER	
DUTY STATION <i>(Address)</i>	TELEPHONE NUMBER	
GENERAL NATURE OF PROBLEM	PREVIOUS CONSULTATION THIS OFFICE <input type="checkbox"/> YES <input type="checkbox"/> NO	
	PROBLEM DISCUSSED WITH ANY OTHER LAO <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART B - TO BE FILLED IN BY LEGAL ASSISTANCE OFFICE

DISPOSITION OF CASE <i>(Legal Assistance rendered)</i>	LEGAL ASSISTANCE OFFICER HANDLING CASE
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DOCUMENTS, CORRESPONDENCE AND OTHER PAPERS PREPARED <input type="checkbox"/> WILL <input type="checkbox"/> POWER OF ATTORNEY <input type="checkbox"/> LEASE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER <i>(Specify)</i>	REFERRALS <i>(Name, address of agency client referred to)</i>
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TIME SPENT ON CASE			TYPE OF CASE (CHECK BOX)	OFFICE ADVICE	PHONE INQ	DRAFT LEGAL DOC	REF'L	REP
ITEM	BY LAWYER	CLERICAL/OTHER						
CONSULTATION			AUTOMOBILES					
			CIVIL RIGHTS					
			CONSUMER LAW					
RESEARCH			CONTRACTS					
			DOMESTIC RELATIONS	DIV/SEP				
				NON-SUP				
				ADOPT				
DRAFTING			OTHER					
			FINANCES					
OTHER			LANDLORD/TENANT					
			POWER OF ATTORNEY					
			REAL ESTATE					
			TAXATION					
			WILLS/ESTATES					
TOTAL TIME			MISC <i>(Specify)</i>					
			NOTARIZATION					

DATE	NAME OF CLIENT
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