

General EFMP Intake Questionnaire

Please complete this questionnaire if you would like an appointment with the Attorney for Exceptional Family Members. *If you are seeking representation for a special education or a guardianship matter, please complete those respective forms. If your issue does not fall into one of those two categories (such as SSI/Medicaid, ADA/Accommodations, etc.), please complete this form to the best of your knowledge.* This questionnaire must be completed prior to scheduling an intake appointment with the Attorney.

To return the form, you may walk the paper copy into the Legal Assistance Office (2015 Artisan Street, Quantico, VA, 22134), mail it to Commander, OIC, LSSS-NCR (B0522), 3250T Catlin Avenue, Quantico, VA 22134), or email it directly to Attorney for Exceptional Family Members at Attorney.EFMP.NCR@usmc.mil.

Upon submitting this intake questionnaire, the Attorney will contact you to schedule an intake appointment time. **Please bring your valid Armed Forces Military ID card(s) to your intake appointment, or attach a copy of it to your questionnaire.** At the appointment, you will discuss the case in more depth and determine if/how the Attorney can help you.

By submitting this form, you understand that the Attorney has not agreed to represent you and an attorney-client relationship has not yet been formed. However, all information disclosed to the attorney is confidential. Please note that the Attorney is currently licensed to practice law in Virginia and can only represent families in Virginia; she may provide some counsel to out-of-state families on federal disability laws, but will need to refer them to local attorneys for state-specific questions and/or representation.

The Attorney makes every effort to protect your confidential information. Nonetheless, there may be times when you wish to communicate with the Attorney via email. Understanding that government email may be monitored, do you consent to communicating with the Attorney via email?

Yes _____ No _____

1. Potential Client Requesting the Appointment:

a. Name: _____

b. Address: _____

c. Status: _____ Active Duty _____ Retired _____ Family Other: _____

d. Rank: _____

e. Pay Grade: _____

- f. Branch of Service: _____
- g. Duty Station: _____
- h. Phone Number: _____
- i. Email Address: _____
- j. DoD requests the following statistical information as to ethnic background of the people we serve. Please circle the applicable description(s).
 - i. African-American _____
 - ii. Asian-American _____
 - iii. Caucasian _____
 - iv. Filipino _____
 - v. Hispanic _____
 - vi. Native American _____
 - vii. Unknown _____
 - viii. Other: _____

2. Service Member/Family Information:

If the service member is requesting the appointment, please put the spouse or other parent's information here, if applicable.

- a. Name: _____
- b. Address: _____
- c. Status: _____ Active Duty _____ Retired _____ Family Other: _____
- d. Rank: _____
- e. Pay Grade: _____
- f. Branch of Service: _____
- g. Duty Station: _____
- h. Phone Number: _____
- i. Email Address: _____
- j. DoD requests the following statistical information as to ethnic background of the people we serve. Please circle/complete the applicable description.

- i. African-American _____
- ii. Asian-American _____
- iii. Caucasian _____
- iv. Filipino _____
- v. Hispanic _____
- vi. Native American _____
- vii. Unknown _____
- viii. Other: _____

3. Child's Name (if applicable)

- a. Name: _____
- b. Date of Birth: _____
- c. Address: _____
- d. Child's Diagnoses (please list all and when the child was diagnosed):

4. Representation Information

- a. Have you consulted with an attorney regarding this matter? _____ Yes _____ No
 - i. If so, are you still working with that attorney? _____ Yes _____ No
- b. Who should be the primary contact for this case? _____
 - i. What is the best way to reach this person? _____

5. EFMP Information

- a. EFMP Case Manager Name: _____
 - i. Email Address: _____

- b. If you consent to the exchange of information between the EFMP attorney and your EFMP case manager, please complete and submit a NAVMC11720 – Authorization to Release and Consent to Exchange Information.

6. Availability

Please mark the times you are available NEXT WEEK for an appointment:

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0900					
0900-1000					
1000-1100					
1300-1400					
1400-1500					
1500-1600					

Which type of intake appointment would you prefer?

___ Virtual

___ In-Person in Quantico Legal Assistance Office

7. In a few sentences, please describe the issue you are seeking to resolve.

Thank you for completing this intake questionnaire. We look forward to meeting you.

CLIENT STATEMENT OF UNDERSTANDING

1. I understand that the Attorney for Exceptional Family Members (“Attorney”) provides services to eligible clients regarding their disability rights cases in accordance with governing statutes, regulations, and policies.
2. I understand that I must submit an intake questionnaire and make an appointment for an intake interview with the Attorney.
3. I understand that submitting this questionnaire does not create an attorney-client relationship, but all information will be kept confidential. I understand that a decision will be made regarding the Attorney’s level of involvement in my case at/after the intake appointment.
4. I understand that my case may be referred to another office or a civilian attorney if my case is beyond the scope of services provided. I also understand that receiving legal assistance services is a privilege and not a right and services are provided subject to the availability of legal resources.
5. I understand that if my appointment is in person, it is my responsibility to arrive at least 5 minutes prior to my scheduled appointment. If I am unable to make my scheduled appointment, I must contact the Attorney at least 24 hours in advance to cancel and/or reschedule. Repeated no-shows for appointments WILL result in the termination of my legal services.
6. I understand that if I am represented by a civilian attorney on the same matter, my case will be closed.
7. I understand that childcare will not be provided during any appointments. I am highly encouraged to make other arrangements for my child’s care during my appointment time.

Parent Signature

Date

Parent Signature

Date

FOR OFFICE STAFF ONLY:

ID Card Screened By:
Date:

Conflicts Check Performed By:
Date: