

**Today's Date (DD/Month/):** \_\_\_\_\_ / \_\_\_\_\_ / **2021**

**VILSECK OFFICE - CLIENT CARD**

NAME: (Last, First MI)			RANK:	MILITARY EMAIL ADDRESS:		
DUTY PHONE:	US CITIZEN? <input type="checkbox"/> Yes - by birth <input type="checkbox"/> No <input type="checkbox"/> Yes - Naturalized	DUTY INSTALLATION:		CIVILIAN EMAIL ADDRESS:		
CELL PHONE	DOD ID #:			SSN (LAST 4):		
UNIT:		UNIT COMMANDER: (CO)	UNIT COMMANDER: (BN)		PCS / ETS DATE:	
1. Have you ever spoken with an attorney about this matter before?			<input type="checkbox"/> Yes Attorney's name:		<input type="checkbox"/> No	
2. Is anyone else involved in this matter?			<input type="checkbox"/> Yes Name(s):		<input type="checkbox"/> No	
3. Have you talked with anyone about this matter or made any statements (i.e. IO, CID, sworn statements)?			<input type="checkbox"/> Yes Name(s):		<input type="checkbox"/> No	
4. Have you ever received an Article 15 or been tried by Court-Martial?			<input type="checkbox"/> Yes Date(s):		<input type="checkbox"/> No	
5. Total Time In Service? (i.e. Active, Reserve, and National Guard)			Years:		Months:	

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

### TYPE OF ACTION

CHARGES:

[illegible]