



NEVADA ATTORNEY GENERAL
Office of Military Legal Assistance
Wills Workshop Intake

Telephone: (775) 684-1160
 Facsimile: (775) 684-1162



Date: _____

County of Residence: _____
 Last Name: _____ First Name: _____ M.I.: _____
 Mailing Address: _____ Apt/Space No.: _____
 City: _____ State: NV Zip Code: _____ Tel No: _____
 E-Mail: _____ Cell No: _____
 Age: _____ Work No: _____
 Date of Birth: _____ SSN (last 4 digits): _____ Gender: Male Female
 Marital Status: Single Married Divorced Widowed Form Submitted by:
 Number of Adults in Household: _____ Number of Children: _____ Self Spouse Child

Branch of Service:
 Army Navy Air Force Marines Coast Guard
Grade (E-1, etc.): _____ **MOS:** _____

Military Status: Active Duty Active Reserve National Guard
 Veteran Retired

Characterization of Discharge:
 Honorable General Other Than Honorable*
 (*Specify) _____

***Other than honorable discharge may render the service member ineligible for this program.**

Legal Issue:**

Wills / Power of Attorney Instruments
 Other _____ Name of Opposing Party, if any _____

****CURRENTLY THE NEVADA ATTORNEY GENERAL OFFICE OF MILITARY LEGAL ASSISTANCE PROGRAM SERVICES OFFERED TO VETERANS WILL BE LIMITED TO WILLS AND POWER OF ATTORNEY INSTRUMENTS ONLY. THE PROGRAM HOPES TO EXTEND ALL LEGAL AREAS TO VETERANS IN THE NEAR FUTURE.**

Briefly describe your legal problem: [Click here to enter text.](#)

How are you hoping to resolve your issue? [Click here to enter text.](#)

How did you find out about the program?
 Bar Association Nevada Legal Services
 District Attorney Self-Help Center-Civil
 Court NV Dept.VA Services
 Relative/Friend/Neighbor Service Member
 Veteran Organization Active Military
 Medical Provider Internet VARN
 Legal Aid Center of So. NV Washoe Legal Services
 State/County Law Enforcement/Non-Profit Agency
 Public Service Announcement (TV/Radio/Internet)
 Other (Specify): _____

MONTHLY HOUSEHOLD EXPENSES:
 Mortgage or Rent \$ _____
 Utilities Child \$ _____
 Care/Transportation \$ _____
 Child/Spousal Support \$ _____
 Debt Payments \$ _____
 Work Related \$ _____
 Unreimbursed Medical \$ _____
 Current/Back Taxes \$ _____
 Total Monthly Expenses \$ _____

TOTAL HOUSEHOLD MONTHLY INCOME
 (Income **before** taxes and other deductions)

Your Income:

Other Household Member Income:

(Please State Relationship) _____

Employment Income \$ _____
 (including tips)
 Social Security/Disability/SSI \$ _____
 TANF \$ _____
 Food Stamps \$ _____
 Unemployment/Worker Comp \$ _____
 Child Support \$ _____
 Pension \$ _____

Veterans Benefits \$ _____
 Tribal Payments \$ _____
 Recurring Gifts \$ _____
 Prospective Income \$ _____
 Other Income \$ _____

Employment Income \$ _____
 (including tips)
 Social Security/Disability/SSI \$ _____
 TANF \$ _____
 Food Stamps \$ _____
 Unemployment/Worker Comp \$ _____
 Child Support \$ _____
 Pension \$ _____

Veterans Benefits \$ _____
 Tribal Payments \$ _____
 Recurring Gifts \$ _____
 Prospective Income \$ _____
 Other Income \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

ASSETS:

OTHER ASSETS:

Cash (on hand and in bank) \$ _____
 Tools/Equipment/Other \$ _____
 Home Equity \$ _____
 Real Property \$ _____
 Auto Equity \$ _____
 Tribal Settlement Distributions \$ _____
 Other \$ _____

Value of Second Home \$ _____
 Value of Second Car \$ _____
 Value of Boat/ATV/Motorcycle \$ _____
 Value of Household Goods > \$12K \$ _____
 Value of Pension/IRA/401(k)/Trust/
 403(b)/KEOGH > \$500K \$ _____
 Stocks/Bonds/Mutual Funds/CDs \$ _____
Total Assets Valued \$ _____

CITIZENSHIP DECLARATION

I hereby declare that I am currently a citizen of the United States of America.

Client Signature _____ Date _____

Print Name _____

I have read the information above and attest that it is correct to the best of my knowledge, information and belief. Completing this intake form does not establish an attorney/client relationship. The Nevada Office of the Attorney General and Nevada Legal Services is not offering or agreeing to represent me in any legal matter. Assistance is based only on a brief review of the disclosed facts.

Signature: _____ Date: _____

Please feel free to provide us your comments regarding your experience with the Nevada Attorney General Office of Military Legal Assistance or Nevada Legal Services.

If you do not wish to receive emails concerning updates and notifications from OMLA check here

For Attorney Use: _____ Date: _____
 Name of Attorney: _____

Documents Prepared: _____

(Attorney Notes):