

Actions	Reports	Help	SEARCH: <input style="width: 50px;" type="text"/>
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WebLIONS

ENTER CLIENT INFO

LAST NAME:

SSAN:

* ENTER CLIENT'S LAST NAME ONLY
 * ENTER CLIENT'S SOCIAL SECURITY NUMBER WITHOUT DASHES

Actions	Reports	Help	SEARCH: <input style="width: 50px;" type="text"/>
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AF Form 1175 Legal Assistance Form

CLIENT INFORMATION

ID CHECKED
 IN UNIFORM?

♦ LAST NAME: SUFFIX: ♦ FIRST NAME: MI:

♦ SSAN: ♦ STATUS: ♦ BRANCH: ♦ SPONSOR GRADE:

MAILING ADDRESS:

LEGAL RESIDENCE: (applicable for POAs)

HOME PHONE:

WORK PHONE:

EMAIL:

***CLIENT CONSENTS TO FEEDBACK REMINDER EMAIL

SPONSOR INFORMATION

LAST NAME: SUFFIX: FIRST NAME: MI: SSN:

♦ LOCAL UNITS:

* ID CHECKED BOX MUST BE CHECKED TO PROCEED
 ♦ INDICATES REQUIRED FIELDS