



ARMY NATIONAL GUARD TRIAL DEFENSE SERVICE

4133^d REGIONAL TRIAL DEFENSE TEAM, WEST REGION

OREGON ARMY NATIONAL GUARD

OFFICE OF THE REGIONAL DEFENSE COUNSEL

1776 Militia Way, P.O. Box 14350

Salem, Oregon 97309-5047



REQUEST FOR DEFENSE COUNSEL FORM

REPLY TO
ATTENTION OF

NGJA-OR-TDS

Purpose: Primarily for Oregon Army National Guard Soldiers to request Trial Defense Services; and f or other Western Region State Army National Guard Soldiers to request defense legal services from the Army National Guard Trial Defense Service WEST. Please see memorandum 'Requesting Trial Defense Services Memorandum'.

Submit via email to: NGOR.JAG.4133.TDS@ng.army.mil

Caveat: Do not disclose confidential secret factual matters pertaining to your case in this email. This request form does not create an attorney client relationship. You are still responsible for your case and must pursue it as legally required. If you need more time to obtain legal advice you should ask the proponent of the action (e.g. your commander) for additional time. You will be contacted as to whether you qualify for, or have been appointed a TDS attorney or other guidance provided. Please allow at least 10 days for a response. If time is of the essence your 'suspense' date in the request should reflect this. If you are not in the Oregon Army National Guard your response time may be longer as the request will be referred to your State's JAG office or TDS as appropriate. Please incorporate this into any suspense (due) date you may have in responding to the allegations against you. Your email address is critical for this action. Check your email regularly. Be prepared to email any documents you have to any TDC assigned to your case. More information is available on line at <http://www.oregon.gov/OMD/JAG/index.shtml>.

Privacy information: Disclosure is voluntary but failure to provide all information may affect the ability to provide services or timely route the request. Please provide as much information as you can about you and your case. Some questions are duplicative for a reason. If there is not enough space, you can add an attachment and indicate that in the response box. This is an attorney client work product and is not subject to discovery and disclosure. Your information will not be disclosed outside the TDS.

Your Summary Contact Information	
Name:	
Phone number(s):	
Email(s):	
<input type="checkbox"/> AGR full time <input type="checkbox"/> M-Day Traditional NG	<input type="checkbox"/> Other status:
Member of NG of what State?	Your legal State of residence?
Type and Nature of Services Requested	
Military Justice <input type="checkbox"/> Article 15 <input type="checkbox"/> Courts-Martial <input type="checkbox"/> Rights Warning <input type="checkbox"/> Commanders Inquiry	
<input type="checkbox"/> Military Justice Matter – Other (please describe):	
Administrative Law <input type="checkbox"/> Separation Board <input type="checkbox"/> AR 15-6 Investigation <input type="checkbox"/> Other (Please describe):	
Legal assistance <input type="checkbox"/> Letter of Reprimand <input type="checkbox"/> FLIPL <input type="checkbox"/> Other (Please describe):	
Suspense date (do you have a date when you must respond to some document or person?):	
Who /where must you respond? (name, rank, email address, telephone):	
Have you spoken to a Judge Advocate or other Attorney on this issue or one connected to it?	

Do you currently have an Attorney or Judge Advocate assigned to you on this or anything else?	
If so, when did you speak with them last?	
If so, do you believe you have an ongoing attorney client relationship with them?	
If so, do you believe you have an ongoing attorney client relationship with them on this matter?	
Who is that JAG/Attorney (name, rank, email address, telephone)?	
Personal Information:	
Name:	
Rank:	
Organization:	
Home address:	
Address (Cont.)	
City:	
State:	
Zip code:	
Work phone:	
Employer name:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Home phone:	
Fax:	<input type="checkbox"/> Call before faxing
Cell phone:	
Email:	
To what Army component do you belong?	
If other, please explain:	
Status: <input type="checkbox"/> Civilian <input type="checkbox"/> M-Day <input type="checkbox"/> AGR	
<input type="checkbox"/> other, please explain:	
Date of birth:	
Sex:	<input type="radio"/> Male <input type="radio"/> Female
<input type="checkbox"/> Married to <input type="checkbox"/> Cohabitational Relationship:	Name:
When did you the Army?	When did you join your state NG?
Years of credible service for retirement:	Total years of service:
Have you deployed/where/when:	
Do you have service connected injury?	Describe:
Do you have any other physical / mental issues that we should be aware of?	Describe:
Please provide information for a point of contact at your unit (usually supervisor):	
Name:	
Rank or title:	
Relationship in Organization to Soldier:	
Organization:	
Address:	
Address (Cont.)	
City:	
State:	
Zip:	
Home phone:	

Work phone:	
Email:	
May a TDC contact this individual?	Initial here:
Please provide the following contact information concerning the Command's representative (Recorder {the JA assigned to prosecute the case}, or the responsible Judge Advocate {trial counsel}, or Commander if a Recorder is not yet assigned):	
Name:	
Rank:	
Position:	
Organization:	
Home address:	
Address (Cont.)	
City:	
State:	
Zip code:	
Work phone:	
Home phone:	
Email:	
May a TDC contact this individual?	Initial here:
Other Information:	
Date of alleged offense(s):	
Enter the alleged offense(s):	
Date of notification to the soldier:	
Indicate what counsel is needed for:	<input type="radio"/> Consultation <input type="radio"/> Representation
Date of board (if scheduled):	
Names of persons also accused or who might be accused in this matter:	
Are there persons you authorize us to talk to if they happen to contact us? (e.g. spouse, employer)	Name:
Name:	Name:
Do you have other ongoing legal matters?	Briefly describe:
Other information you wish to disclose (this information could be read by anyone so do not disclose facts pertaining to your case):	
I am freely providing this information in order to request defense counsel services. I have read the information I have provided and it is true to the best of my belief.	Signature:
	Dated:
TDS Office Use Only below this line	
Review by who and date:	
Response to Requester, who and date:	
Assigned to Oregon TDC:	
Forwarded outside Oregon to / on:	