



# KCMBF Military Matters Referral Request Intake Form

**Date of Request:**

\_\_\_\_\_

**Request Received By:**

\_\_\_\_\_

**Requester Name**

\_\_\_\_\_  
First Name                      Last Name

**Relationship to Military Member**

Self  
Family

**If family member, describe relationship**

\_\_\_\_\_

**Phone Number - Home**

\_\_\_\_\_  
Area Code      Phone Number

**Phone Number - Cell**

\_\_\_\_\_  
Area Code      Phone Number

**E-mail**

\_\_\_\_\_

**Preferred Method of Contact**

Home Phone  
Cell Phone  
E-mail

## INITIAL INTAKE INFORMATION

**Military Status**

Veteran - DD214 verified  
Active Duty - Military ID card verified

**Branch**

Army  
Navy  
Airforce  
Marines  
Coast Guard  
Reserves  
National Guard

**Annual Income**

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**Residence/ Home of Record**

Cass County, MO  
Clay County, MO  
Jackson County, MO  
Johnson County, MO  
Lafayette County, MO  
Platte County, MO  
Ray County, MO  
Johnson County, KS  
Wyandotte, KS

**LEGAL NEED**

**CRISIS MANAGEMENT SERVICES**

Warrant Relief  
Child Custody  
Child Support  
Divorce  
Orders of Protection  
Guardianship

**GENERAL LEGAL SERVICES**

Debt Counseling  
Landlord/Tenant Issues  
Estate Planning  
Tax Law  
Real Estate  
Bankruptcy

**VA BENEFITS & APPEALS**

Initial Benefit Filing  
Appeal of Benefits Denial

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**Service Connected Disability**

Yes  
No

**If yes, what percentage**

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**CRIMINAL CHARGES**

Municipal

Federal

**EMPLOYMENT**

Discrimination/Retaliation

Wrongful Termination

Servicemembers Civil Relief Act

**BUSINESS STARTUP**

Incorporation

Tax

Real Estate

Contract

**DESCRIPTION OF LEGAL NEED**

Please provide a brief description of the legal need.

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**URGENCY**

Please assess to the best of your ability the urgency of the legal matter. List any known court dates or other deadlines communicated during the initial call.

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**JURISDICTION**

Please list the jurisdiction in which the legal matter exists (city, county, state) and if there is a pending action against the requestor.

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**Signature and Release**

I understand and agree that the information provided on this form will be shared with the Kansas City Metropolitan Bar Foundation for purposes of locating the appropriate attorney for this matter.

**Please sign here**

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