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| **REQUEST FOR LEGAL SERVICES (RLS)** | | | |
| **1. ACCUSED/RESPONDENT NAME (Last, First, MI)** | | | |
| **2**.  **GRADE** | **3.**  **SSN** | | **4. MOS** |
| **5. UNIT** | | | |
| **6. NAME OF COMMAND POINT OF CONTACT** | | | **7. POC TELEPHONE** |
| **8. REQUEST APPROPRIATE LEGAL SERVICES FOR:** | | | |
| **8a. [ ] Article 32**  **Pretrial**  **Investigation** | **8b. [ ] Special Court-Martial**  **(SPCM)** | | **8c. [ ] Summary Court-Martial**  **(SCM)** |
| **8d. [ ] Administrative Separation for:**  **[ ] Misconduct: [ ] Drug Abuse [ ] Pattern of Misconduct**  **[ ] Commission of Serious Offense [ ] Civilian Conviction**  **[ ] Alcohol Rehab Failure [ ] Minor Disciplinary Infractions**  **[ ] Weight Control Failure [ ] Obesity** | | | |
| **9. HAS THE ACCUSED BEEN PLACED IN PRETRIAL RESTRAINT?** **YES [ ] NO [ ]** | | | |
| **9a. Type:**  **[ ] PRE-TRIAL CONFINEMENT**  **[ ] PRE-TRIAL RESTRICTION**  **[ ] OTHER** | | **9b. Dates:**  **From: To:** | |
| 1. **SRB ATTACHED AND**   **AUDITED:**  **[ ] YES [ ] NO**  **If No (Explain in Remarks)** | | **10a. Date of SRB Audit:** | |
| **11. DOCUMENTARY EVIDENCE ATTACHED: [ ] YES [ ] NO (If No Explain in Remarks)** | | | |
| **12. COURT-MARTIAL INFORMATION** | | | |
| **12a. Officer who will inform the accused of the sworn charges and receipt for sworn charges:** | | | |
| **12b. Officer who will refer the charges to trial by SPCM/SCM:** | | | |
| **12c. Officer who will be the SCM officer:** | | | |
| **12d. GOOD OF THE SERVICE DISCHARGE (GOS). Should the accused qualify for and submit a request for an Other Than Honorable discharge for the Good of the Service in order to avoid trial by court-martial, I would recommend approval of such a request: [ ] Yes [ ] No** | | | |
| **13. RECOMMENDED CHARGES:**  **[ ] Check if continued on reverse** | | | |
| 1. **REMARKS:**   **[ ] Check if continued on reverse** | | | |
| **15. SIGNATURE OF COMMANDING OFFICER OR DESIGNEE BY DIRECTION AND DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE DATE** | | | |

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| **REQUEST FOR LEGAL SERVICES (RLS) - PAGE 2** |
| **13. (Continued** |
| **14. (Continued)** |

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