



Office of the General Counsel JA ROSTER UPDATE



STATE: _____

Region JA

GRADE: _____

Wing JA

Unit/Gp/Squadron JA (circle one)

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

OFFICE #: _____ HOME #: _____

MOBILE #: _____ PAGER #: _____

FAX#: _____ (HOME)

_____ (WORK)

E-MAIL ADDRESS: _____ (HOME)

_____ (WORK)

Check out our website at: http://level2.cap.gov/visitors//programs/general_counsel/



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Office of the General Counsel Get to Know You Sheet

(Please complete this form to better assist this office
in continuing a higher quality of knowledge to our legal officers.)

1. Present Employment:

2. Previous Employment:

3. Description of relevant legal experience: _____

4. Year in legal field: _____

5. Year(s) attending NLOC: _____

6. CAP Member Since: _____

7. Are you a Pilot? _____

8. What state(s) are you licensed to practice law? _____
(please provide bar number(s))

9. Education (Degrees, major, etc.):

10. Honors:

Other personal information of interest: **(Attach additional sheets if needed)**
