

Quote: _____
Down Payment: _____
Payment Plan: _____
Attorneys Initials: _____

Criminal Intake Form

Client Information:

Client's Name: _____ Email: _____

ADDRESS: _____

Phone: _____ Alt: _____

DATE OF BIRTH: _____ SSN: _____

Third Party Guarantor:

Third Party's Name: _____ Email: _____

ADDRESS: _____

Phone: _____ Alt: _____

DATE OF BIRTH: _____ SSN: _____

Charges (Include Case Number, Judge, Arrest Date & Court Date/Setting ex: Arraignment):

Co-Defendants:

Criminal History (Include Case Number, Judge & Sentencing Date):

Current/Previous Attorney:

Date of Incident & Location:

Officers:

Witnesses:

Summary of Incident:

Mental Health:

Military Background:

S/S Check? What was the disability?

Ever had an IEP?

What is your preferred outcome:

Referred by:

Preferred Attorney:

**** FOR IN-OFFICE USE ONLY:**

Consultation notes: _____
