

Drivers License Number: _____

Are you literate in English? Yes No

Are you a high school graduate? Yes No

If you are not a high school graduate, GED? Yes No

Years of college completed: _____

Married: Yes No If yes, spouse's name: _____

Spouse's address, if different: _____

Children (Names/Ages): _____

Have you served in the military? Yes No

If yes, in what branch did you serve? _____

Date of discharge: _____ Type of discharge: _____

CAN WE TALK TO YOUR SPOUSE/PARENT/OR OTHER: IF SO, PLEASE PROVIDE NAME AND CONTACT NUMBER:

Other Contacts : Name _____ Tel: _____

Name: _____ Tel: _____

PRIOR ARREST INFORMATION

FULL DISCLOSURE OF ALL PRIOR CRIMINAL HISTORY IS REQUIRED IN ORDER TO PROVIDE ADEQUATE CRIMINAL DEFENSE FOR ANY CURRENT CRIMINAL CHARGE(S). IF NONE, PLEASE STATE "NONE"

<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Disposition</i>	<i>Attorney</i>

Current Arrest Information

Were you arrested? Yes No
If yes, please complete the following information:

Date of arrest: _____ Time of arrest: _____

Place of arrest: _____

<i>Charge</i>	<i>Traffic/Misdemeanor/Felony?</i>	<i>Case Number</i>

DUI? Yes No
If yes, refused breath test? Yes No
If no, blood alcohol level: _____

Juvenile? Yes No
If yes, case worker: _____

Any co-defendants? Yes No If yes, please provide the name of each co-defendant
and the name of their attorney, if known: _____

Arresting Agency: _____ Arresting Officer: _____

Miranda warning given? Yes No

Search conducted? Yes No
If yes, verbal or written authorization given for search? Yes No

Bondsman: _____ Amount of bond: \$_____

Cash bond? Yes No
If yes, who signed for the cash bond? _____

PLEASE PROVIDE A SUMMARY OF THE EVENTS AND CIRCUMSTANCES SURROUNDING YOUR ARREST OR INVESTIGATION:

Additional Information/Comments

Medical Information

PLEASE COMPLETE THIS SECTION ONLY IF YOU FEEL YOUR MEDICAL CONDITION/PROBLEM WAS RELATED TO THE CURRENT CRIMINAL SITUATION. IF SO, PLEASE ALSO EXPLAIN HOW/WHY:

Height: _____ Weight: _____

Do you have any significant medical problems or conditions? Yes No
If yes, please explain:

Have you consulted with a doctor or dentist lately? Yes No If yes, please provide the name of the doctor and the reason for your consultation: _____

Have you experienced any mental health problems? Yes No If yes, please explain: _____

Have you ever participated in a mental health evaluation or counseling? Yes No
If yes, please explain: _____

Are you currently taking any type of medication?
If yes, please list each medication:

Yes

No

REASON RELATED:

OTHER DETAILS YOU FEEL ARE RELEVANT TO YOUR CURRENT PENDING CASE
