



**CLIENT INFORMATION CRIMINAL DEFENSE**

Date: \_\_\_\_\_

Attorney: \_\_\_\_\_

**Referral Information**

How were you referred to our office?

Doctor \_\_\_\_\_ Attorney \_\_\_\_\_ Client \_\_\_\_\_  
Radio \_\_\_\_\_ TV \_\_\_(Brighthouse) \_\_\_(Verizon Fios)  
Internet \_\_\_\_\_ Billboard \_\_\_\_\_ Direct Mail \_\_\_\_\_  
Other \_\_\_\_\_ Yellow Page Ad: (please provide book/page, etc.) \_\_\_\_\_  
\_\_\_\_\_

**Client Personal Information**

First, Middle, Last Name: \_\_\_\_\_

Alias or name arrested under: \_\_\_\_\_

If minor, name of parent/guardian: \_\_\_\_\_

**PLEASE PROVIDE ADDRESS IN WHICH WE CAN MAIL YOU CORRESPONDENCE:**

Address: \_\_\_\_\_  
*Street Apt/Lot City State Zip*

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_ CAN WE CONTACT YOU VIA EMAIL? \_\_\_\_\_

I am granting permission for the law firm to forward confidential information to me regarding my case via Email. Yes/No

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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: \_\_\_\_\_AM/PM

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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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continue on back page if necessary

**Witnesses:**

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

**Additional Information/Comments**

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**Client Employment Information**  
**CAN WE CONTACT YOU AT YOUR PLACE OF WORK?**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Investigation Information**

Please describe the events and circumstances surrounding the incident/investigation:

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**Additional Information/Comments**

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**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:

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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: \_\_\_\_\_

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

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

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Are you currently taking any type of medication? Yes/No If yes, please list each medication:

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REASON RELATED:

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Have you ever experienced any mental health problems? Yes/No If yes, please explain: \_\_\_\_\_

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

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Are you currently taking any type of medication? Yes/No If yes, please list each medication:

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OTHER DETAILS YOU FEEL ARE RELEVANT TO YOUR CURRENT PENDING CASE

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