

Today's Date: \_\_\_\_\_  
Court Date: \_\_\_\_\_

## CLIENT INTAKE FORM FOR CRIMINAL CASES

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if other than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Education: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR OFFICE: \_\_\_\_\_

WHAT ARE YOUR CHARGES: \_\_\_\_\_

Date of Offense: \_\_\_\_\_

Officer's Name and Department: \_\_\_\_\_

Prior Record: \_\_\_\_\_

Name, Address & Phone Number of Possible Witnesses: \_\_\_\_\_

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

Briefly Describe Case or Issue:

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