

**CRIMINAL LAW CLIENT INTAKE FORM**

Full Legal Name: \_\_\_\_\_

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

Race/Nationality: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Length of Time at that Address: \_\_\_\_\_ years

Previous Address(es) (for last 10 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Previous Marriage(s): Yes \_\_\_ No \_\_\_ Ended By? \_\_\_\_\_

Children: Name/Date of Birth/Living at Home?

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

**Education Information**

High School Graduate? \_\_\_\_\_ Yes/No  
If Yes, School Name: \_\_\_\_\_  
Year of Graduation/Last Grade Completed \_\_\_\_\_

College? \_\_\_\_\_ Yes/No  
If Yes, School Name: \_\_\_\_\_ Major: \_\_\_\_\_  
Year of Graduation \_\_\_\_\_

Graduate School? \_\_\_\_\_ Yes/No  
If Yes, School Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
Year of Graduation \_\_\_\_\_

Additional Education History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Information**

Position/Title: \_\_\_\_\_

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

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

Length of Time with Employer: \_\_\_\_\_ years \_\_\_\_\_ months

Previous Employer(s) (for last 10 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Monthly Income from Employment: \$ \_\_\_\_\_

Other Income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information About Arrest**

Date of Arrest: \_\_\_\_\_

Time of Arrest: \_\_\_\_\_

Location of Arrest: \_\_\_\_\_

Date of Alleged Crime: \_\_\_\_\_

Location of Alleged Crime: \_\_\_\_\_

\_\_\_\_\_

What was the reason or explanation given for your arrest? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the police have a warrant? \_\_\_\_\_ Yes/No

What crime were you charged with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who arrested you (name and badge number of officer(s))? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was anyone else present at the time? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your property searched at the time of the arrest? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the police find anything that they kept? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_

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Were you searched at the time of the arrest? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the police find anything that they kept? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you read your Miranda rights (informing you that you have the right to remain silent, you have the right to an attorney, etc.) at the time of your arrest? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you give or sign any statements? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Yes, do you feel the statement was voluntarily given? \_\_\_\_\_ Yes/No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you asked to participate in a line-up at any time? \_\_\_\_\_

Were you fingerprinted or photographed at any time? \_\_\_\_\_

At any time prior to or after your arrest did you ask to speak to an attorney? \_\_\_\_\_ Yes/No

If Yes, was one provided to you? \_\_\_\_\_  
\_\_\_\_\_

What was the name of the attorney you spoke to? \_\_\_\_\_

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At any time were you physically threatened or mentally harassed by the police? \_\_ Yes/No  
If Yes, explain: \_\_\_\_\_

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What is your version of the events leading up and causing your arrest?

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Have you ever been questioned, but not arrested, in connection with a crime? \_\_\_\_ Yes/No  
If Yes, explain: \_\_\_\_\_

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Do you have a criminal record? \_\_\_\_\_ Yes/No  
If Yes, explain: \_\_\_\_\_

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Do you have a drivers' license? \_\_\_\_\_ Yes/No  
If Yes, what state issued your license? \_\_\_\_\_  
If No, have you ever had a drivers' license? \_\_\_\_\_

Explain: \_\_\_\_\_

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Do you own any automobiles, motorcycles, or other motorized vehicles? \_\_\_\_\_ Yes/No  
If Yes, please list all such vehicles: \_\_\_\_\_

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Have you ever owned a firearm? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_

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Are you in good health? \_\_\_\_\_ Yes/No

Explain all current and chronic illnesses, past and future surgeries, and medications you are currently taking, and other relevant health information: \_\_\_\_\_

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Do you have a history of alcohol or drug abuse? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_

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Have you ever been treated by a psychologist, psychiatrist or other mental health care professional? \_\_\_\_\_ Yes/No

If Yes, explain: \_\_\_\_\_

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Other Important Information:

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Questions to Ask My Attorney:

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