

Client Intake Information

(All information that is obtained on this form will be kept confidential.)

I. Personal Information

1. Name: (First) _____ (MI) _____
(Last) _____

2. Address: _____
City: _____ State: _____ Zip: _____

3. Date of Birth: (Month) _____ (Day) _____ (Year) _____

4. Place of Birth: _____
4a. Are you a US Citizen? Yes No (circle one)

5. Length of Residence in Current City: _____

6. Previous Residence Locations and Length at Each:

7. Social Security Number: _____

8. Driver's License State and Number: _____

9. Employer Name: _____
Phone Number: _____

10. Home Phone: _____ Mobile: _____
E-Mail: _____ Fax: _____

II. Referral Information:

1. How did you hear about us:
- i. Dex yellow pages: (check box)
 - ii. Yellow Book yellow pages: (check box)

2. Referred by: _____

III. Current Charges:

1. Current Charges: _____
2. Date of Arrest: _____
3. County you are Charged in: _____
4. First Court Appearance Information:
 - i. Date: _____
 - ii. Bond Set: _____
 - iii. Name of Judge: _____

IV. Criminal Court Record

1. Prior Convictions:
 - i. Offense: _____
 - ii. County: _____
 - iii. Date of Sentence: _____
 - iv. none: (check box)
2. Current Probation Status:
 - i. Offense: _____
 - ii. Name of Probation Officer: _____
 - iii. Date of Expiration: _____
 - iv. n/a: (check box)
3. Other Pending Charges:
 - i. Offense: _____
 - ii. Date of Arrest: _____
 - iii. Case Status: _____
 - iv. Next Court Date: _____
 - v. Name of attorney: _____
 - vi. Attorney's Phone Number: _____
 - vii. n/a (check box)