

INTAKE SHEET

DATE:

TAKEN BY:

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

STREET APT. NO. CITY STATE ZIP

HOME PHONE:

WORK PHONE:

FAX NUMBER:

E-MAIL:

DATE OF BIRTH:

SOCIAL SEC. NO.:

DRIVERS LICENSE #:

CELL PHONE:

EXISTING CLIENT? YES NO

HOW DID YOU HEAR ABOUT US? _____

PREFERRED LANGUAGE: _____

DATE OF INCIDENT/ARREST: _____

OTHER ARRESTS: _____

CHARGES/CARGOS

CRIMINAL CHARGES: _____

COURT DATE: _____

DOCKET NO.: _____

BAIL: _____

FACTS OF CASE

[Empty rectangular box for case facts]

MINIMUM LEGAL FEE:

FEE RECEIVED:

FILING FEES:

FILING FEES RECEIVED:
