



CRIMINAL INTAKE SHEET

Date: _____

About You

Full Legal Name: _____

Address: _____

Home Phone: (____) _____

Social Security Number: _____

Work Phone: (____) _____

Driver's License Number: _____

Date of Birth: _____

Marital Status: _____

Email: _____

Citizenship Status: _____

Emergency Contact: _____

Name of Spouse and Children (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment

Current Employer Name: _____

Address: _____

City, State, Zip: _____

Employer's Telephone Number: (____) _____

Immediate Supervisor: _____

How long with current employer? _____

Current Position: _____

Current Salary: _____

Education

Please list complete history of your education or any other vocational training you have received:

High School: _____

College: _____

Trade School: _____

Other: _____

Degrees: _____

Your History

Criminal History:

Have you ever been convicted of a felony or misdemeanor: Y N

If so, please complete the grid below:

Case Number	Charge	Class	Offense Date	Disposition	Disposition Date	Jurisdiction

Have you ever had records sealed or expunged? Y N

If yes, please provide information on the underlying offense, the name and location of the court, and the nature of the incident: _____

Are you now or have you ever been on probation or parole? Y N

If yes, please provide additional detail: _____

Alcohol History:

How many drinks do you have per week? _____

Have you had any prior treatment related to alcohol? _____

Notes: _____

Drug History:

How often do you use drugs? _____

What drug do you use? _____ Age of first use: _____

Have you had any prior treatment related to drugs? _____

Notes: _____

Current medications:

Please list any medications you currently take:

Name	Dosage	Frequency	Reason for taking	Started taking

Mental Health History:

Have you been hospitalized in the past? Y N

Have you received prior mental health treatment? Y N

Diagnosis: _____

Year	Location of treatment	Length of treatment	Reason

Notes: _____

Pending Charges:

Do you have any pending charges other than the offense for which you are seeing us? Y N

If yes, please complete the grid below:

Case Number	Charge	Class	Alleged Victim	Offense Date	Attorney	Next Court Date

About The Current Charges

Current Charges

Case Number	Charge	Class	Alleged Victim	Offense Date

Do you have an upcoming court date? _____

Did you post a bond? Y N

If yes, please provide the amount posted and any special conditions of bond: _____

Facts

Incident date: _____

Arresting officer(s): _____

Arrest date: _____

Alleged victim(s): _____

Department: _____

Do you have a police report number? _____

Was there a ticket issued? Y N

Do you have a ticket number? _____

Do you have any Co-defendant(s)? Y N

If yes, please provide the following:

Co-defendant name	Relationship to you	Address & phone number	DOB or approx. age

