

INTAKE FORM (Defense)

Atty: _____

Full Name: _____ Appt. Date: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Tel# Home: _____ Work: _____ Cell/Pager: _____

E-mail: _____ Fax: _____

State of Residence: _____ How Long: _____ Military? No / Yes / Retired

Employer: _____ Gross monthly income: \$ _____

Unless you say otherwise, we assume that we can contact you via telephone, fax, mail, or e-mail. Please let us know if there are any restrictions on contacting you, sending sensitive information, or leaving messages (examples- you work odd hours, or are concerned a third party may intercept communications):

What is your legal situation? (List pending motions, issues, or charges): _____

Have you, the other party, or anyone involved in this case, previously been a client of this firm or its lawyers (Clifton Black, Carl Graham, Oliver Johnson, Michael Lassota)? No / Yes.

Name of current lawyer or public defender, if any: _____

How did you hear about us?

_____ **Dex Yellow Pages / Yellow Book / Christian Business Directory** (*Circle One*)

_____ **Web Site**

_____ **Referral** (Please indicate who referred you: _____)

_____ **Public Defender's Office / Military JAG Office** (*Circle one*)

_____ **Pre-Paid Legal Services**

_____ **Other** (Please specify: _____)

This consultation is for the purposes of discussing your case and providing legal advice only. Until you and this firm sign an agreement and you pay the retainer, the attorney is unable to represent you at any upcoming court proceedings.

Job Position: _____ Does your job require you to Drive? Yes / No

Potential effect case will have on Employment: _____

Are you a citizen of the United States? Yes / No

Name, Phone & Address of Emergency Contact: _____

Please list all pending court dates:

| Date | Time | Case# | Division | Purpose (pre-trial, trial, first appearance, hearing, probation revocation, etc.) |
|-------|-------|-------|----------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please list all alleged victims and all potential witnesses:

| Name | Phone # | Involvement/information they can provide |
|-------|---------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have a prior driving record? Yes / No. If yes, please list all DUIs, Driving Under Suspension, No Insurance and any minor tickets in last 2 years:

| Year | Original Charges | Disposition/outcome | State |
|-------|------------------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you have a prior criminal record? Yes / No. If yes, please list:

| Year | Original Charges | Disposition/outcome | State |
|-------|------------------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Are you currently on Bond? Yes / No

Name of Bondsman: _____ Tel# _____

Are you on probation for any other cases? Yes / No

If yes, please list cases: _____, _____,

Are you on parole for any other cases? Yes / No

If yes, please list cases: _____, _____,