

THE LAW OFFICES OF J.B. THOMAS & ASSOCIATES

CLIENT INTAKE SHEET – CRIMINAL

Date _____ How were you referred to this office? _____

CLIENT INFORMATION

Name (First, Middle, Last, Maiden) _____

Address (Street, City, State, Zip) _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Email Address _____ SSN _____

Date of Birth(mm/dd/yyyy) _____ Place of Birth (City, State) _____

Highest level of education completed? _____

Are you active duty military? (Yes/No) _____

If Yes: Branch _____ Duty Station _____ Pay Grade _____

EMERGENCY CONTACT INFORMATION

Name (First, Middle, Last, Maiden) _____

Address (Street, City, State, Zip) _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Relationship _____

CHARGES

Court Date (mm/dd/yyyy) _____ Court? (City, State) _____

What crime(s) are you charged with? _____

Date of Alleged Crime (mm/dd/yyyy) _____ Time of Alleged Crime? _____

Provide a brief description of your version of what allegedly happened:

Did you make any statements to the police about what happened? (Yes/No) _____

Did the police have a search warrant to obtain evidence from you? (Yes/No) _____

Are there any co-defendants in your case? (Yes/No) _____

If yes, please list name(s): _____

Did you submit to blood tests or breathalyzer tests? Be specific _____

Witness Information:

Full Name _____

Address (Street, City, State, Zip) _____

Phone Number _____

Full Name _____

Address (Street, City, State, Zip) _____

Phone Number _____

Full Name _____

Address (Street, City, State, Zip) _____

Phone Number _____

Full Name _____

Address (Street, City, State, Zip) _____

Phone Number _____