



Client Intake Form

Interviewer: _____ Today's Date: _____

Client Name As Charged: _____
(First) (Middle) (Last)

Current Charges

Case Number	Charge	Class	Alleged Victim	Offense Date

BAIL/FIRST APPEARANCE INFORMATION

- Secured bond \$ _____
- Cash bond \$ _____
- Unsecured bond \$ _____
- Personal recognizance
- Custody of _____
- Citation only/No arrest made _____
- Drug/Alcohol Treatment
- Anger anagement
- No contact with _____
- Stay away from _____
- Other: _____

Conditions of Release

- Conditions met? Yes Will Meet No, held at _____
- Warrants/Detainers? Yes No **Client Height:** _____
- Serving sentence? Yes No **Client Weight:** _____

Distinctive features (scars, tattoos, etc.): _____

Unusual behavior at first appearance: _____

Other notes: _____

INCIDENT AND DEFENSE

Offense Date: _____ Report date: _____
Warrant Issued: _____ Arrest date: _____
Arresting Officer: _____ Department: _____
Alleged Victim: _____ Relationship to client: _____

Facts of Case - Client's Version

Co-Defendants Yes No

Name: _____

Relationship to Client: _____

Address: _____

Name: _____

Relationship to Client: _____

Address: _____

DOB/Approx. Age: _____

Phone: _____

Attorney: _____

DOB/Approx. Age: _____

Phone: _____

Attorney: _____

Do you belong to any social networking sites? No

Yes List: _____

Have you posted anything online about this case? No

Yes List: _____

Are you aware of anyone else (victims, witnesses, co-defendants) having posted information about this case online?

No Yes List: _____

BACKGROUND INFORMATION

Full Legal Name: _____
(First) (Middle) (Last)

Goes By: _____ Former Name(s): _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Race: ____

Place of Birth: _____ SSN: _____
(if other than US, complete Immigration intake sheet)

Primary Language: _____ Citizenship: _____

Interpreter needed? Yes No Green Card? Yes No Amnesty? Yes No

Current client address: _____ Apt: _____

Lives with: _____

Current client phone: _____ Alternate phone: _____

Marital Status: Unmarried Married Separated Divorced Widowed

*		Name	Address	Phone	Age	Job
	Partner					
	Mother					
	Father					
	Sibling					
	Sibling					
	Sibling					
	Child					
	Child					
	Child					

* Place check mark in this box if attorney may call this person to locate client if client's contact information is out of date

Education and Employment

Last grade completed: _____ Current student Yes No GED Yes No
High School Name: _____ Last Attended: _____
College Name: _____ Last Attended: _____
Notes: _____

Currently employed: Yes No Name of Employer: _____
Address/Location: _____
Contact: _____ Phone: _____
Type of job: _____ Since: _____
Prior employment: Yes No Name of Employer: _____
Contact: _____ Phone: _____
Type of job: _____ Dates: _____
Reason for leaving: _____
Military Service: Yes No Dates: _____ Branch: _____
Type of Discharge: Honorable General Other Notes: _____
Public Benefits received: _____

Alcohol History: Drinks/week: _____ Prior Treatment? Yes No Interested in treatment? Yes No

Year	Location of Treatment	Length of treatment

Notes: _____

Drug History: Drug of choice: _____ Age at first use: _____ Prior Treatment? Yes No
Current frequency of use: _____ Interested in treatment? Yes No

Year	Location of Treatment	Length of treatment

Notes: _____

Mental Health History: Diagnosis _____ Prior hospitalization/Treatment? Yes No Current

Year	Location	Doctor	Input/Output	Length

Current medications

Name	Dosage	Frequency	Reason for taking	Started taking

