



New Client Intake Form

Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City State ZIP Code

Home Phone: Alternate Phone:

Email

How did you hear about us?

Driver's License: State:

Education: Occupation: How long?

Marital Status: Years married: Do you have any children? If yes, please list ages:

Point of Contact

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City State ZIP Code

Primary Phone: Alternate Phone:

Relationship:

References (Please list 2)

Full Name: Last First M.I.

Telephone:

Relationship:

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Client's Case Information**

Charge(s): \_\_\_\_\_  
*Misdemeanor or Felony (circle one)*

Case Number(s): \_\_\_\_\_ County: \_\_\_\_\_

Have you been to court on this matter? If so, when? \_\_\_\_\_ Next court date: \_\_\_\_\_

Were you arrested? \_\_\_\_\_ Custody Status: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Was anyone else arrested? If so, name(s) of all persons arrested: \_\_\_\_\_

Other names used: \_\_\_\_\_ Bail/Bond Amount: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Arresting Officer: \_\_\_\_\_

Prior(s): \_\_\_\_\_

Probation/Parole: \_\_\_\_\_ Name & county of probation/parole officer? \_\_\_\_\_  
*(Yes or No)*

**Driving Under the Influence Cases (ONLY)**

Has a DMV (*admin per se*) hearing been requested? \_\_\_\_\_ If yes, date of hearing: \_\_\_\_\_

If a DMV hearing was not requested within 10 days, would you like to request a hearing? \_\_\_\_\_

Did you take a chemical test? *Breath or Blood Test (circle one)* \_\_\_\_\_ If yes, B.A.C.? \_\_\_\_\_

Do you have prior DUI(s)? \_\_\_\_\_ If yes, year & county? \_\_\_\_\_

Were there any children in the car? If yes, ages/relationship to you? \_\_\_\_\_

**END**